

**PERCEPTION OF GENDER ROLES AND ITS INFLUENCE ON CHOICE
OF NURSING CAREER AMONG NURSING UNDERGRADUATES IN A
TERTIARY INSTITUTION IN EDO STATE**

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BENIN CITY**

OCTOBER, 2025

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**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF THE
AWARD OF BACHELOR OF NURSING SCIENCES(BNSc), COLLEGE OF
MEDICAL SCIENCES, UNIVERSITY OF BENIN, BENIN CITY.**

OCTOBER, 2025

DECLARATION

This is to declare that this research project titled “**PERCEPTION OF GENDER ROLES AND ITS INFLUENCE ON CHOICE OF NURSING CAREER AMONG NURSING UNDERGRADUATES IN A TERTIARY INSTITUTION IN EDO STATE**” was carried out by **OMORAGBON MARIAN OSATAINE**. It is solely the result of my work except were acknowledged as being derived from other person(s) or resources.

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Signature:

Date:

CERTIFICATION/APPROVAL

This is to certify that this project titled “**PERCEPTION OF GENDER ROLES AND ITS INFLUENCE ON CHOICE OF NURSING CAREER AMONG NURSING UNDERGRADUATES IN A TERTIARY INSTITUTION IN EDO STATE**” was carried out by **OMORAGBON MARIAN OSATAINE** with **Mat No. BMS2005009** in the Faculty of Nursing Sciences, University of Benin for the award of Bachelor of Nursing Science ,under the supervision of **PROF. F.U. OKAFOR.**

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Date

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Head of Department, Medical Surgical Nursing

Date

External Examiner

Date

DEDICATION

This work is dedicated to GOD ALMIGHTY for His grace, love, guidance and giving me the wisdom to complete this research work and who is providing me with the strength to complete my academic journey. I also dedicate this project work to my family for their immense support.

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ABSTRACT

Nursing is a globally recognized female-dominated profession, with traditional gender stereotypes often shaping perceptions and career pathways. In cultural contexts like Edo State, Nigeria, these norms can significantly influence students' decisions to enter the field. This study aimed to examine the perception of gender roles and its influence on the choice of a nursing career among undergraduate nursing students in a tertiary institution in Edo State. A descriptive correlational design was adopted, surveying 270 undergraduate nursing students at the University of Benin. Data were collected using a four-part questionnaire covering demographics, perceptions of gender roles, factors influencing career choice, and open-ended questions. Data were analyzed with SPSS using descriptive statistics (mean, SD), inferential statistics (Independent Samples T-tests), and thematic analysis. Results revealed that the primary motivators for choosing nursing were altruistic factors (a desire to help people) and pragmatic considerations (career stability), which ranked significantly higher than the influence of gender-based perceptions. While students held egalitarian views on professional competence, they acknowledged that nursing is publicly perceived as a female-dominated profession. A significant gender difference was found ($p < .05$), with male students reporting that they face more challenges and stereotypes than their female peers. Qualitative analysis confirmed these challenges, highlighting themes of patient bias and social isolation. In conclusion, while gender stereotypes persist and negatively impact the student experience, particularly for males, they are not the primary drivers of career choice for this cohort. Students are motivated by passion and pragmatism, choosing the profession despite existing societal biases. The study recommends the integration of gender-sensitivity modules into nursing curricula and the establishment of mentorship programs to better support all students navigating these professional challenges.

Keywords: Gender Roles; Nursing Education, Career Choice, Nursing Students, Perceptions, Gender Bias

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Nursing has historically been considered a female-dominated profession, with its roots tracing back to pioneers such as Florence Nightingale, who emphasized the nurturing, caring, and altruistic qualities traditionally associated with women (Boulton, 2020). Over time, however, the profession has evolved; societal changes, the globalization of education, and the gradual introduction of male nurses have begun to challenge these long-held stereotypes. Despite these changes, gender-defined roles continue to shape the professional identity and career choices of nursing students worldwide.

In Nigeria, and particularly in Edo State, cultural norms and traditional expectations play a significant role in influencing career choices. Many communities view nursing as a natural extension of women's roles in caregiving and domesticity, while men who choose this career path often face societal skepticism or are relegated to specific tasks that align with masculine stereotypes. Consequently, these entrenched perceptions can influence how nursing undergraduates interpret their roles, interact with faculty and peers, and envision their future professional paths.

Nursing is a health profession with the largest gender imbalance between male and female practitioners. Given that the number of men and women in fields such as medicine and engineering has become nearly equal, the continued gender disparity in nursing appears particularly remarkable and somewhat unusual.

The most recent data indicate that men make up only 9% of nursing students in Canada and 9.7% in the United States (Statistics Canada, 2021; American Association of Colleges of Nursing, 2020). Although more men are entering the nursing profession compared to previous decades, they are still expected to remain a minority for many years. Among the relatively few men who enroll in nursing schools, the rate of attrition, or failure to complete the program, is considerably higher than that of female students. Additionally, research shows that male students often have different educational experiences from their female counterparts, and they frequently remain outsiders both in terms of numbers and within the prevailing culture of the nursing profession.

Globally, the negative stereotyping of male nurses has been reported by nursing scholars. This is caused by the public image of nursing that is conveyed in the form of social expectations leading to males not pursuing nursing as a career. In literature, it is evident that most students, who pursued nursing as a career, reported that it was not their first career choice and they only considered nursing when they could not be accepted into other courses such as medicine (Chauke, van der Wal & Botha, 2021). According to Balogun (2020), nursing students begin their nursing education with stereotypical, idealized and inaccurate images of nursing that change for the better over years of education and training; however, a majority of student nurses maintain some traditional and idealistic beliefs throughout their years of training.

During the years of training nursing, educators are faced with many important challenges such as managing the fully loaded nursing curriculum, which includes theory and practice, but now they also have to face the challenge of assisting male nursing students with the gender stereotypes elicited towards them in the nursing profession (Nabolsi et al., 2021). This challenge often leads many male nursing students to experience social isolation, struggle to meet their individual learning needs, and become emotionally affected by the hesitation of nurses and patients to

accept men as an important part of the nursing profession. On the other hand, male student nurses assert that nursing schools do not address the differences in communication styles of men and women, and that the system does not prepare them to work primarily with women (Nabolsi et al., 2021). Research has found that most of the male students studying nursing considered dropping out, but if given the considerable support (investment) given to male nursing students, they persevere in completing their studies (Kaur et al., 2023). However, it is worrying that when they do not receive the necessary support, they may drop out, which further contributes to the shortage of nursing staff—an issue that could have been avoided.

Moreover, the educational environment itself—including curriculum content, teaching methods, and clinical practices—may either reinforce or challenge these gender-based preconceptions. As tertiary institutions prepare the next generation of nurses, it is imperative to explore how these future professionals perceive gender roles in nursing. Understanding these perceptions is essential for developing effective recruitment strategies, designing gender-inclusive curricula, and ultimately fostering a more equitable and dynamic professional environment.

1.2 Statement of the Problem

Despite a gradual increase in the diversity of the nursing workforce, gender stereotypes continue to exert a strong influence on nursing education and professional identity formation. In Edo State, empirical studies specifically addressing how nursing undergraduates perceive gender-defined roles are scarce. This gap in the literature makes it difficult for educators and policymakers to understand the underlying factors that contribute to persistent gender bias and to develop targeted interventions.

The problem is twofold: firstly, the pervasive societal expectation that nursing is inherently a female profession may limit the full participation and potential of male students; secondly, female students may also experience pressures that affect their academic and professional confidence. Without an in-depth understanding of these perceptions and the contextual influences at play, strategies to promote gender equality in nursing education may be less effective, ultimately affecting the quality of patient care and the overall advancement of the profession.

1.3 Objectives of the Study

The primary objective of this study is to describe the perceptions of gender defined roles in nursing among nursing undergraduates in tertiary institutions in Edo State. The broad objectives include:

1. To determine the prevailing perceptions of gender roles within the nursing profession held by undergraduate nursing students.
2. To assess the extent to which these gender role perceptions influenced their decision to choose nursing as a career.
3. To ascertain other factors (e.g., societal expectations, family influence, career prospects) that interact with gender perceptions to influence their career choice.
4. To compare the perceptions of gender roles and their influence on career choice across demographic variables, particularly between male and female students.

1.4 Research Questions

1. What are the prevailing perceptions regarding gender roles in the nursing profession among undergraduate nursing students?

2. To what extent did perceptions of gender roles influence the students' choice to pursue a nursing career?
3. How do male and female nursing undergraduates differ in their perception of gender roles and the influence of these roles on their career choice?
4. What other key factors, alongside gender perceptions, influenced the students' decision to enter the nursing profession?

1.5 Hypotheses

Hypothesis 1 (Regarding Perception)

- **H₀1 (Null Hypothesis):** There is no significant difference in the perception of gender roles in nursing between male and female undergraduate nursing students.
- **H₁1 (Alternative Hypothesis):** There is a significant difference in the perception of gender roles in nursing between male and female undergraduate nursing students.

Hypothesis 2 (Regarding Influence on Career Choice)

- **H₀2 (Null Hypothesis):** The perceived influence of gender roles on the choice of a nursing career does not differ significantly between male and female undergraduate nursing students.
- **H₁2 (Alternative Hypothesis):** The perceived influence of gender roles on the choice of a nursing career differs significantly between male and female undergraduate nursing students.

1.6 Significance of the Study

This study holds significant implications for the nursing profession, healthcare providers, and society at large. At its core, the research addresses a critical gap by exploring how nursing undergraduates in Edo State perceive gender-defined roles within their chosen field. Such perceptions are not only reflective of deep-rooted cultural beliefs and historical stereotypes but also influence the professional identity and future career trajectories of these students. By uncovering these perceptions, the study contributes valuable insights that can guide curriculum developers and nursing educators in designing gender-inclusive educational programs. An inclusive curriculum that challenges traditional gender biases has the potential to empower all nursing students—both male and female—to assume diverse roles, including leadership and specialized clinical positions. This, in turn, helps create a more dynamic, equitable, and efficient nursing workforce.

Furthermore, understanding these perceptions is essential for improving team dynamics in clinical settings. When gender roles are not constrained by outdated stereotypes, healthcare teams can function more cohesively, leading to enhanced patient care and overall health service delivery. The findings of this research are expected to inform policymakers and healthcare administrators about the necessity of integrating gender equity principles into both educational strategies and workplace policies. In a broader societal context, the study also serves as a catalyst for cultural change by challenging the traditional views that pigeonhole nursing as a predominantly female profession. Ultimately, the research contributes to the advancement of nursing practice, supports the recruitment of a more diverse group of candidates, and promotes a fairer distribution of roles within the healthcare system.

1.7 Scope of the Study

The scope of this study is delineated by its focus on nursing undergraduates in tertiary institutions within Edo State, Nigeria. This research concentrates on examining the perceptions of gender-defined roles in nursing, considering the interplay of various cultural, educational, and social factors. The study primarily investigates demographic variables such as age, gender, and year of study, as well as how these factors influence the views held by the students. By narrowing the focus to full-time undergraduate nursing students, the research aims to capture the insights of individuals who are in the formative stages of their professional development, thus providing a comprehensive understanding of how early educational experiences and local cultural influences shape their perceptions.

Additionally, the study employs a descriptive research design that utilizes both quantitative and qualitative methods to gather data. Structured questionnaires, which include Likert-scale items and open-ended questions, serve as the primary instruments for capturing the students' perceptions and the factors influencing them. The findings from this study are expected to reflect the unique context of Edo State, where traditional cultural norms and modern educational practices coexist. By limiting the research to this geographic location and population, the study offers a focused analysis that can later be compared with similar research in other regions or countries. This targeted approach ensures that the variables—namely, cultural influences, educational experiences, and demographic characteristics—are examined in depth, providing robust data that are directly applicable to local policy-making and educational reform initiatives.

1.8 Operational Definitions of Terms

For clarity and consistency, the following key terms are operationally defined in relation to this study:

- **Perception of Gender Roles:** This refers to the individual interpretations, beliefs, and attitudes held by nursing undergraduates regarding the socially constructed roles, behaviors, and attributes considered appropriate for men and women specifically within the context of the nursing profession. For this study, it will be measured through student responses to statements about nursing as a profession traditionally associated with feminine traits (e.g., caring, nurturing) versus masculine traits (e.g., technical skill, leadership).
- **Choice of Nursing Career:** This refers to the conscious decision made by an individual to enroll in and pursue an undergraduate nursing program with the intention of becoming a registered nurse. It is the primary dependent variable in this study, representing the outcome that may be influenced by various factors, including the perception of gender roles.
- **Influence:** Within the context of this study, influence is defined as the power of a factor (such as perception of gender roles, family advice, or societal expectations) to shape or contribute to a student's decision to choose nursing as a career. It will be operationally measured by students' self-reported ratings of how significantly various factors impacted their career choice.
- **Influencing Factors:** These are the specific societal, cultural, personal, and economic elements that a student may consider when making a career decision. In this study, they include, but are not limited to, perception of gender roles, family expectations, personal interest, academic performance, career prospects, and media portrayal of nursing.
- **Nursing Undergraduates:** Students currently enrolled in a full-time Bachelor of Nursing Science (B.N.Sc.) program at the selected tertiary institution in Edo State.

- **Tertiary Institution:** For the purpose of this research, this refers specifically to the University of Benin in Edo State, which offers an accredited undergraduate nursing program.

CHAPTER TWO

LITERATURE REVIEW

2.0 OVERVIEW

This chapter focuses on reviewing important literature necessary for this study under the following headings; conceptual review, theoretical review, and empirical review from textbooks, published and unpublished articles, and journals.

2.1 Conceptual Review

2.1.1 The Concept of Gender

The concept of gender connotes the culturally and socially constructed roles with both men and women in society. Idike et al. (2020) further noted that gender as a social construct is learned, and gender role play and judgment are also learned via socialization that existed before they were born. Several social attributes and privileges connected with being male and female are also issues relating to gender. Power relations in human society are defined by gender and also societal expectations, acceptable behaviors, and values at a particular time (UN WOMEN, 2015). From the definition above, gender can be understood as a social construct and a result of socialization through which individuals learn society's expectations of being male or female. Although gender is often associated with power relations, it is important to recognize that what is considered acceptable or valued in men and women in specific situations is largely determined by societal gender norms. Furthermore, an individual's sex, which is a biological characteristic, often influences how society socializes that person. Biological differences may also contribute to shaping individuals' abilities and the roles traditionally assigned to each sex and, consequently, to gender. However, these views remain widely debated.

Although they are often used interchangeably, ‘sex’ and ‘gender’ are not the same. A person's biological sex is defined by their chromosomal, hormonal, reproductive and other anatomical factors (World Health Organization). Although other sexes exist (such as intersex), most people are identified as biologically male or female (Horstmann et al., 2022). Gender is less clearly defined than sex and exists more as a spectrum. It is a socially and culturally shaped characteristic that influences individuals’ behaviors, roles, and interactions within relationships and the broader society. Gender perception affects individuals’ choice of a career. As a social construct gender is in fact often regarded as something people ‘do’ rather than ‘are’ (Goymann and Kappeler, 2023).. Gender is dynamic; as cultures and societal beliefs evolve, perceptions of gender also change. Despite this fluidity, specific traits are still commonly used to identify ‘male’ and ‘female’ behaviors and to define societal gender norms. The Male Role Norms Inventory, for example, devised by Levant (Levant and Wong, 2017), defines masculine norms as: avoidance of femininity, fear and hatred of homosexuality, self-reliance, aggression, achievement/status, non-relational attitudes towards sexuality, and restrictive emotionality, whereas the Feminine Norms Inventory identifies female gender role norms as: nice[ness] in relationships, thinness, modesty, domestic, care for children, romantic relationship [investment in] sexual fidelity and investment in appearance. Despite advancement in many areas of opportunity for women, the global persistence of gender stereotypes can be demonstrated through contemporary research. A study of 629 USA participants by Hentschel et al. (2019), for example, reported male participants saw themselves as more antigenic than women, and female and male participants described women as less assertive and weaker leaders than men.

It is generally well understood that internalised ideas of ‘being male’ and ‘being female’ (in terms of social norms and expectations) influence behaviours and interactions within the home.

Individuals with traditional gender ideologies tend to follow traditional male/female roles in the family setting (Bursztyn et al., 2023). In these relationships, the woman carries the domestic burden, the man and the financial responsibility. In contrast, individuals who align with egalitarian gender role ideology have a more flexible, fluid approach to family roles and are less influenced by traditional ideas of gender (Thomas and Holmes, 2020). Within Australia, the former situation appears to dominate, with women spending around twice as much time on housework and childcare activities than their male partners (ABS, 2020).

These ideas of gender have global implications for the opportunities of women and men. Gender is a hierarchical social construct; in situations where traditional ideas of gender dominate, women experience subjugation and disadvantage across a wide range of life opportunities including education achievement, career opportunities and health outcomes (WHO, nd)

2.1.2 History of Nursing

The first formally trained nurses in ancient Greece, Rome and India were men (O'Lynn, 2013). Despite their early contributions to the development of nursing, men have largely been overlooked by society. Florence Nightingale's sanitary reforms during the Crimean War brought significant changes to nursing in the Western world, including a shift in public perception that transformed nursing from menial labor into a respected profession for women of social standing. Since then, nursing has continued to be shaped by a long history of women dominating the field both numerically and culturally—a trend that is also reflected in popular media. The francophone African countries have 50% or more of the nurses as men (O'Lynn & Tranbarger, 2007). On the other hand, Turkey has no male nurses (Pearson & Peels, 2001). In Nigeria, nursing is still a female dominated profession.

In the West, nursing profession is largely delineated as a caring profession, further entrenching the field in characteristics stereotypically considered female and, even, subordinate (Gauci et al., 2023). Thus, what was once a field dominated by men, has evolved into a field dominated by women, to the extent that many now assume that nurses should be women—as if women are innately more qualified for the role (Shim and Park, 2023)—and that men who pursue careers in nursing must be deviant in some way (Kaur et al., 2023). Because of their education and exposure to diverse values, students—especially nursing students—may hold more nuanced views about nursing stereotypes than the general public, particularly concerning men in nursing. Consequently, numerous studies have examined the attitudes of both nursing and non-nursing students toward nurses and common nursing stereotypes. Despite the varying geographical areas, cultural and temporal contexts, results of most of these studies reflect the larger sentiment prevalent in society regarding nursing being a feminine profession (Bayuo et al., 2024).

Building on previous research, we examined how the majority gender in the nursing profession (i.e., women) perceive men in nursing. We also explored the perceptions of female students outside the nursing field to determine whether their views of nursing stereotypes differ from those of nursing students, as they may be less familiar with the gendered dynamics of the profession. Through current study, we contribute to the literature on nursing, gender, and stereotypes by analyzing the personal attitudes and stereotypes held by young women toward male nurses through the lens of social role theory (Heilman et al., 2024; Eagly et al., 2020), and envious and paternal prejudice, with an emphasis on gender-based role fulfillment and congruency. Although our data collection was limited to Canada, this study contributes to an expanding international body of research on the gendered aspects of the nursing profession, particularly studies examining the increasing presence of men in the field.

2.1.2.1 The Gender Shift in Nursing

Over the years, scholars have established that early nurses were men with religious ties or education, such as medicine men, religious monks, and Jesuit priests. The contribution of men to the practice of nursing has been chronicled in numerous historical accounts, including monastic movements in the fourth and fifth centuries; Order of St John of Jerusalem in the 11th and 12th centuries; Crusades of 12th and 13th centuries; and relatively more recent accounts of male nurses in 19th century Britain leading up to the Crimean War (Moulds, 2020). Moulds (2020) cites British census records from 1861 indicating that there were 1651 men working as nurses at various ranks in hospitals across the country, but those numbers dwindled remarkably over 20 years, such that in the 1881 census only a few hundred men listed their occupation as some form of nursing. By 1885, “women had largely won the battle for control over the organization of hospital nursing”. During the 19th and 20th centuries, nursing largely overlooked its early male roots, instead concentrating on enhancing training and professionalization, advancing politically, and establishing the profession as a respected career for women. By the 21st century, few people recognize that nursing was once predominantly a male occupation.

The gender shift in nursing can be traced to Florence Nightingale’s sanitary reforms during and after the Crimean War in the mid-nineteenth century, and the establishment of schools that barred men from acquiring required credentials to practice nursing (Bullough and Bullough, 2021). Thus, a movement took roots that constructed the (gender) face of the nursing profession as female, the denouement of which is apparent in the latest statistical evidence. In Canada, for example, at the turn of the millennium, men made up only 4.8% of Registered Nurses and more recent reports suggest the percentage has increased but remains low at 9% (Canadian Institute for Health Information, 2020). International statistics, although higher than Canada’s numbers, also

show a minority of men in the nursing profession; where only 10.9% of nurses in Australia (Australian Government Department of Health Fact Sheet, 2017), 11.4% of nurses in the UK, and 9.1% of nurses in the US identifying as male.

Correspondingly, the occupation's historical leaders and influential thinkers, including modern day nursing theorists deemed critical to the profession's advancement, are overwhelmingly female—a reflection of the recent past and current demographic composition of the field (Bell, 2021). The history of modern nursing, beyond the focus on the professionalization and emancipation of nursing from its lower status position to a career appropriate for women in the 19th century, has been the subject of much feminist thought (Lingel et al., 2022; Bell, 2021) in this sense stated: “Similar to women's history and in keeping with first-wave feminism, early professional discourse in Canadian nursing is revealed by written histories that celebrate progressiveness” and “the significance of nursing as an occupation based on feminine ideals”.

2.1.2.2 Synonymity of “Nursing” with “Feminine”

Communal traits, such as caring and compassionate, stereotypically read as feminine attributes, are core concepts in current nursing philosophy, culture, and practice (Lateef and Mhlongo, 2022). Caring, here, is positioned as the very “essence” of nursing, underlying “the behaviors, actions, and attributes of nurses” required for ethical practice (Raustøl and Tveit, 2023). Many scholars have noted that caring or caring qualities are vital to practicing nursing and to sustaining a positive relationship between patient and “nurse”; a role often associated with women. In fact, the stereotype of women as having a “caring nature” has been offered as an explanation for the seeming segregation of women into health and childcare occupations (e.g., teaching, nursing; Eagly et al., 2020). Scholars have found that qualities associated with women and femininity, specifically care, compassion, motherly, and helpful in nature, characterize people's

perceptions of nurses (Bayuo et al., 2024). For example, in Ireland, Kaur et al. (2023) cites a study where Loughrey suggested the female gender role was integral to the nursing occupation and reported that even male nurses identified largely with “feminine gender role” instead of the “masculine gender role.” Among male and female nursing students in Hong Kong, Holroyd et al. (2022) found that the typical Chinese nurse was rated like the typical Chinese woman.

Not only do feminine stereotypes dominate the profession, but the ideal nurse is also viewed as, almost exclusively, female. For example, in a study conducted by Sebastián-Tirado et al. (2023), when asked to pair a relative (e.g., sister, brother, father, mother) with the nursing profession, participants were significantly faster in pairing female relatives with nursing than male relatives. In similar research, when participants were given the choice between an engineer or a nurse—even after being instructed that gender was not associated with career aspirations in the study—they were more likely to assume the nursing student was female and the engineering student male. Similarly, Gauci et al. (2023) reported that over 90% of their female nursing student sample described nursing as more suitable profession for women, because of the inherently caring and compassionate nature of women. As Kaur et al. (2023) argued, the problem is not that women are associated with nursing (e.g., women do dominate the occupation), rather that, “stereotypes lead people to assume that there is something about being a woman that is necessary for being a nurse” (Gauci et al., 2023).

Expanding on the disproportionate imbue ment of the nursing profession with feminine stereotypes that also shape role-expectations, some researchers have focused on challenges for men in the nursing field. Male nurses have been the subjects of negative stereotypes so much that, in some cases, their sexuality or intelligence might be questioned—for example dubbing male nurses as homosexuals, failed doctors, and deviants (Smith et al., 2021).The widespread

perception of nursing as a female-dominated profession is reflected in the experiences of male nursing students in Taiwan, who reported being questioned by patients and the public about their choice of career (e.g., “don’t you have female nurses here?”) or disbelief that they were actually nurses (e.g., “are you a real nurse?”) (Mao et al., 2021). Rajacich et al. (2023) found that male nurses felt discriminated against in the workplace and their challenges included being a “visible minority” in the profession. Similarly, Kaur et al. (2023) found that male nurses were more likely to be negatively rated as compared to female nurses by their peers.

2.1.3 The Nursing Student and Traditional Ideas of Gender

A somewhat dichotomous and contradictory situation of ‘gender-based expectations and identities’ awaits the nursing student as they embark on their undergraduate degree towards their nursing career. The origin of the profession itself is based on traditional gender ideology with the female seen as a self-sacrificing individual in ‘her natural state’—the caring role (O’Lynn et al., 2020). To some extent, the profession continues to function in an environment that reinforces this traditional gender ideology, with the nurse expected to serve under a medical system, noted for its institutionalised misogyny (Becker et al., 2022; Lewis, 2022). Nursing research reports that women students are often attracted to the profession by its ‘traditionally female’ characteristics of caring and nurturing (van der Cingel and Brouwer, 2021) and tend to hold traditional ideas of gender themselves, with family prioritised over personal needs (Andrew et al., 2020; Burton, 2020).

Gender role stress, described as the stress experienced by an individual when placed in a situation that limits their ability to follow behaviours dictated by their personally held gender beliefs, can impact a nursing student's capacity to function and achieve in their degree (Kargin et al., 2021). As nursing students, these women must navigate a higher education system and

degree curriculum that expects them to behave in a ‘traditionally male’ way, with the capacity to prioritise study over family (Andrew et al., 2020). Although a caring and nurturing approach continues to be essential for quality nursing practice, there is growing pressure for nursing students to develop “traditionally male” qualities such as leadership, critical thinking, independent practice, and the ability to balance career and personal success. These expectations can create significant stress for female students whose personal beliefs and family responsibilities align with traditional notions of “being female.”

Critical thinking skills also enhance a nurse’s ability to work effectively and empathetically with diverse social groups, ensuring the delivery of equitable care. However, adherence to traditional gender role beliefs can hinder a student’s development of these vital nursing competencies. There is also evidence that students with traditional gender ideology hold a less developed perception of nursing professionalism (Prosen, 2022).

Around the world, men quite rarely decide on a career as a nurse. In Western countries, male nurses rarely exceed 10%. The proportion varies between 1 and 2% in China to 16.7% in Spain (Whitford et al., 2020; Ageeli and Alharbi, 2024). Although some progress towards greater gender diversity has been made, males in nursing continue to be underrepresented (Shudifat et al., 2023). In Slovenia, the ratio of female to male nurses with a bachelor’s degree has shifted over the years in favor of men, while the proportion among Registered Nursing Assistants (RNA) has remained stable. Between 2010 and 2019, the share of female nurses holding a bachelor’s degree decreased from 93.83% in 2010 to 88.66% in 2019, whereas the proportion of male nurses increased from 6.17% to 11.34% during the same period. The average share of male nurses working as RNAs between 2010 and 2019 was 13.77% (NIPH Data Portal). The significant rise in male participation in bachelor-level nursing programs over the past decade can be attributed to

several factors, particularly the introduction of new bachelor nursing programs, improved public perception of nursing, and the greater job opportunities and security the profession offers. These are also reasons often identified as explaining why male nursing students, besides the desire to care for and help people in need, decide on nursing (Turan et al., 2021).

Gender and the roles associated with it are socially constructed and evolve over time. It encompasses the roles, responsibilities, and opportunities that arise from an individual's biological sex. This includes beliefs, values, attitudes, representations, prejudices, stereotypes, social norms, obligations and prohibitions about men's and women's behaviours, sexualities, relationships and thereby affects professional life (Ageeli and Alharbi, 2024). The myth surrounding female nurses and femininity and male nurses and masculinity is misleading, particularly when there is no strong evidence that gender affects caring behaviour (Pajnkihar et al., 2020). However, the notion of femininity is often challenged by gender stereotypes and thus stigmatised and discriminated (Shudifat et al., 2023). The perception that nursing comes 'naturally' to women due to their biological and reproductive role is seen as 'unnatural' for the men who engage in a 'feminine-oriented' profession (Ageeli and Alharbi, 2024). This concept also creates stereotypes tied to gender roles within the nursing workforce, affecting both men and women considering nursing as a career. For many male students, these gendered perceptions lead to prejudice even before entering a nursing program. They may face a lack of support from their social environment, have their masculinity or heterosexual identity questioned by peers, and feel discouraged by the absence of a male nursing tradition or male role models to identify with. Ross as cited by Salvador and Mohammed (2024) argues that men in nursing continue to be discriminated against due to the above-mentioned socially constructed gender roles and norms, which initially prevented and now discourages men from entering the nursing profession. Similar

challenges continue after enrollment, with male students' contributions often overlooked in favor of female students, especially during discussions on women's health, alongside a feminized nursing curriculum and the underrepresentation of men in nursing literature. Despite these obstacles, male students—and later male nurses—develop strategies, such as working in specialized or technical wards, to help maintain their sense of masculinity within the female-dominated profession. However, female nurses must also deal with their own challenges related with gender roles within a health system entailing patriarchy and male dominance/female subordinated relationships that dictate their professional role and affect professionalisation of nursing (Boniol et al., 2022).

2.1.4 Career Choice in Nursing Students: Gendered Constructs as Psychological Barriers

To many, all student nurses have similar career aspirations they are hoping to become nurses. In practice, however, certain nursing specialisms are likely to be viewed as more or less attractive by women and men. Areas such as midwifery, paediatric nursing and care of older people tend to be regarded as largely female domains (Åling et al., 2021). Conversely, critical care, psychiatric nursing and teaching tend to be viewed as appropriate for both men and women (Prosen, 2022). Indeed, nursing may be viewed as several professions, each with more or less sex-typed images both within the profession and without. It is likely that these stereotypical views of particular nursing careers influence their perceived attractiveness as careers.

Career aspirations, however, are not shaped solely by job related factors, and have also been linked to individual differences, such as gender role orientation. Archer as cited by Nielsen et al. (2021) argues that an individual's gender role orientation will affect a number of related behaviours, including occupational choice. Indeed, it is likely that gender role orientation may be more central to career choice than gender itself. In effect, stereotypical sex-typing of occupations

exerts a circumscribing influence on the career choices of children, adolescents and young adults (Sebastián-Tirado et al., 2023) because of characteristics of both the worker and the work. For instance, highly sex-typed individuals may experience cognitive barriers to particular occupations (Quadlin ,2020) and the occupational horizons of psychologically androgynous individuals (displaying a balance of male and female gender role characteristics) may well be broader. Androgynous individuals tend to choose careers based on factors unrelated to traditional gender roles. Unlike highly sex-typed individuals, they are not limited by psychological barriers and may even pursue careers that are traditionally considered inappropriate for their gender. As a result, they are often more likely to find a good fit with their chosen occupation.

Self-efficacy beliefs about sex-typed careers may provide a fuller explanation for understanding these effects (Bandura et al. 2023). For instance, efficacy expectations can be related to the domination of an occupation by one gender or another (Betz & Hackett 1998). Women working in female-dominated professions tend to have significantly higher expectations of their own effectiveness compared to women in fields that are not female-dominated. In this study, two key aspects of self-efficacy are highlighted: academic self-efficacy and occupational self-efficacy. However, higher academic self-efficacy and academic achievement do not necessarily translate into greater confidence in future success within their chosen occupation.

Bandura (2023) asserts that when different tasks require similar skills, single judgments of self-efficacy may predict generalizable outcomes, but when different skills are involved, task-specific measures of self-efficacy may be more appropriate. The skills needed for nursing—such as communication, empathy, and teamwork—can vary and are often perceived as misaligned with the academic demands of university-level nursing programs. Therefore, it is important to

consider both occupational and academic self-efficacy as potential factors influencing students' career choices.

2.1.5 The Importance of Gender Diversity

Diversity is a topic often emphasized in nursing administration. Administrators acknowledge that the nursing workforce should represent a range of ethnic, racial, cultural, and religious backgrounds to effectively care for an increasingly diverse patient population. They recognize that people are often hesitant to enter a field where they rarely see others who resemble them, and efforts to improve diversity face significant challenges. Despite this, many nursing leaders are actively working to remove barriers and promote the full participation of minority groups in the profession.

Recruiting faculty and students from diverse backgrounds remains a persistent challenge, made more difficult by longstanding traditions and a predominantly white, female staff. Nevertheless, the nursing profession appears genuinely committed to transforming its workforce. Efforts to enhance cultural sensitivity and to attract prospective students have had moderate success in some institutions, helping to increase racial, ethnic, and cultural diversity within nursing schools and, ultimately, the broader workforce.

Just as racial and ethnic diversity is crucial for the future of nursing, gender diversity is equally important. However, the issue of sexual diversity in nursing is rarely addressed. The profession tends to passively wait for men to apply to nursing schools, and when they do not, their lack of interest is often met with indifference. In contrast, medical and law schools have successfully increased female enrollment by reviewing their admission and progression policies and actively

recruiting women. Unfortunately, nursing has rarely taken similar measures to promote gender diversity, resulting in the continued low representation of men in the field.

Nursing has traditionally been viewed as an appropriate occupation for women. The gender of a female nurse is unremarkable, while a man who is a nurse will frequently be described not just as a ‘nurse’ but as a ‘male nurse’. Rabie et al. (2021), in considering how the gendered nature of nursing evolved, traces this from the traditional, taken for granted role of women in providing informal care for children and ill and dependent relatives right through to contemporary evidence. Although young people report admiration for the work undertaken by nurses, this expressed admiration is rarely matched by a desire to become one (Hemsley-Brown & Foskett, 2019). Indeed the contemporary debate over the professional status of nurse in relation to that of doctor, alongside the ambivalent status that arises from nursing being viewed as ‘gendered work’, contributes to ongoing recruitment and retention problems for the profession.

Despite tradition, men currently make up only about 10% of Registered Nurses, and efforts to professionalize nursing have often assumed that the field would naturally become more appealing to men. While men face challenges working in a female-dominated profession, those who do enter nursing often experience faster and more direct career advancement compared to women. Male nurses are disproportionately represented in senior roles, sparking considerable debate. Nevertheless, the overall proportion of male nurses has remained largely unchanged.

The underrepresentation of men in nursing is not universal and varies by country. For instance, in Jordan, a nursing school dean reports that 95% of her students are men—an almost complete reversal of the situation in the United States. Cultural factors help explain this difference: women are often discouraged from seeing or touching men’s bodies, while men are expected to secure stable employment before marrying and starting a family, making nursing an attractive career with strong professional prospects.

Similarly, in some European countries, such as the Netherlands, men are more commonly represented in nursing. As the profession becomes increasingly global, it is essential to recognize and accommodate differences not only in gender but also in race and culture.

2.1.5.1 Discrimination in Recruiting and Retaining Men

Gender discrimination remains a problem in society as a whole and unfortunately, the nursing profession is not immune to this problem (Shelton, 2012). Gender discrimination is exclusion or restriction made on the basis of socially constructed gender roles which prevents a person from enjoying full human rights (Ellis, Meeker & Hyde, 2006).

The most harmful form of discrimination is often the one that goes unnoticed, or that is so subtle it can be dismissed as the perception of an overly sensitive individual. Women have rightly demanded equality across many professions, arguing persuasively that excluding them from traditionally male-dominated fields—such as organizational leadership, the corporate sector, and policymaking—meant losing access to half of the available talent. In the same way, men in nursing should have equal opportunities to contribute fully to the profession. Unfortunately, this ideal is not always realized.

Men make up 10% of the nursing workforce in the United Kingdom and 6.6% of the three million nursing professionals in the United States of America (O'Lynn et al., 2020). In Nigeria, the statistic is not that different, for instance, male students comprised 5.2% to 5.8% of the overall nursing students' population at the settings for the study. Everyone has the right to education despite gender differences; thus, nursing education should not be different for men and women. Public insights that nursing is a female-oriented role have been a major factor in the low numbers of men in the nursing field and continue to apply pressure on those in the profession

(O'Lynn et al., 2020). Nursing institutions have responsibilities for ensuring that all qualified students are given the same opportunities for successfully obtaining the knowledge and skills necessary to become professional nurses (Baker et al., 2021; O'Lynn et al., 2020). Being a good nurse depends on innate biological characteristics and by inference, stereotypical feminine characteristics (Stroshine & Brandl, 2021)

2.1.5.2 Discrimination in Promoting Men

Complicating the issue of gender discrimination for men in nursing is the reality that nursing is one profession that enables women to use the full range of their abilities to achieve success and to advance in the profession and beyond (Porter-O'Grady, 1998). Some have questioned whether giving men equal opportunities in nursing would diminish women's competitive advantage. Porter O'Grady argues that since men make up less than 5% of the nursing workforce, it is unlikely that women's opportunities will be significantly reduced in the near future. Meanwhile, the skills and potential of many men remain underutilized. Wherever discrimination exists, it must be addressed and eliminated, though this is often challenging due to strong forces resisting change. Shifting collective behavior within a profession or society requires awareness of current practices and an understanding of their impact on the broader group.

Traditional nursing organizations promote a sense of collegiality through shared symbols, language, and behaviors, which are largely shaped by the predominance of women. As a result, men may feel uncomfortable or choose to avoid participation. Just as efforts are needed to improve cultural and racial diversity, achieving gender diversity also requires a proactive approach that addresses both the internal culture of the organization and external recruitment of men. Institutions—whether healthcare organizations, nursing schools, or professional associations—must first recognize the subtle and overt ways men may feel excluded and work to

make these practices gender-neutral. Next, deliberate steps should be taken to encourage male participation. Ongoing evaluation of these initiatives is essential to identify which strategies succeed and which do not. The guiding principle should be: “if one approach fails, try another,” viewing setbacks as challenges rather than excuses.

Nursing benefits from an extraordinary range of talent, expertise, and dedication. Those who enter the profession bring the physical stamina, intellectual ability, and compassion needed to provide excellent patient care and contribute meaningfully to the field. None of these abilities should be overlooked or wasted. When nursing fails to fully utilize the talents of all its members, the profession suffers in critical areas. Anything less than full equality for men in nursing is unacceptable.

2.1.6 Gender Role and Bias

Recent literature shows that gender role expectations in nursing remain deeply entrenched. While male nurses sometimes benefit from “glass elevator” effects that hasten their career progress, female nurses continue to face obstacles such as the glass ceiling and pay inequities. In addition, gender-based assumptions affect not only interprofessional interactions, interpersonal touch, and workplace safety but also the types of clinical departments to which nurses are directed.

2.1.6.1 Touch

Studies indicate that the interpretation of therapeutic touch in nursing is highly gendered. Male nurses are often reported to seek strategies (such as obtaining explicit consent and using humour) to defuse potential misinterpretations of their touch—especially in intimate or sensitive care settings—while female nurses generally are not burdened with such expectations

(Martinez-Morato et al., 2021; while Kahsay et al., 2020 emphasize that even when touch is central to care, its meaning is filtered through gendered lenses).

2.1.6.2 Gender Pay and the Glass Elevator/Ceiling

Evidence from recent global reports underscores that although male nurses sometimes experience rapid promotions—benefiting from the “glass elevator” effect—they are still part of a broader gender-imbalanced system. Female nurses, meanwhile, continue to face significant salary disparities and slower promotion trajectories (Aspinall et al., 2023; Nursing Council of New Zealand, 2023). This dual dynamic reinforces a hierarchy where technical and leadership opportunities are unequally distributed along gender lines.

2.1.6.3 Intersectionality and Recruitment Bias

Recent work has also revealed that recruitment practices in nursing can favor white male candidates for advanced or technical roles, while women—and particularly women of colour—often experience compounded barriers to leadership positions. This intersectional bias is evident in both the selection process and the differential career pathways that are made available (Aspinall et al., 2023).

2.1.6.4 Interprofessional Relationships and Stereotyping

Gender stereotyping in the clinical environment is pervasive. Male nurses often explain that their colleagues and patients may attribute personality differences or even technical proficiency to their gender, while female nurses are sometimes dismissed as overly emotional or assumed to be naturally “caring.” These stereotypes can influence task delegation and overall team dynamics (Cleveland Manchanda et al., 2021).

2.1.6.5 Sexual Harassment and Workplace Safety

The literature highlights that female nurses are disproportionately exposed to sexual harassment by patients, doctors, and co-workers, whereas male nurses often encounter bias in the form of assumptions about their sexual orientation or inappropriateness when involved in intimate care. Both scenarios are compounded by the wider patriarchal organizational structures that devalue caring work (Kahsay et al., 2020; Martinez-Morato et al., 2021).

2.1.6.6 Masculinity Norms and Workplace Segregation

Male nurses frequently experience pressure to conform to traditional masculine norms. In order to avoid role conflict, they may choose to work in specialties where physical strength and technical skills are prized—sometimes to the detriment of developing a full spectrum of nursing skills. In contrast, female nurses are more often socialized—and sometimes self-select—into roles that emphasize nurturance and the relational aspects of care (Ammann et al., 2021; O'Lynn et al., 2020).

2.1.6.7 Departmental Role Preferences

Recent evidence confirms that gendered expectations extend to the very specialties and departments where nurses work:

A. Male Nurses:

Research suggests that male nurses are frequently steered toward areas where physical strength and technical aptitude are paramount. For example, studies show that men are more likely to be allocated to fast-paced and physically demanding settings—such as emergency departments, intensive care units, surgical operations, and psychiatric or mental health wards—where tasks like patient lifting, operating complex machinery, and

handling critical cases are common (Ammann et al., 2021; Martinez-Morato et al., 2021). These allocations are often justified by cultural assumptions that align masculinity with strength and technical competence.

B. Female Nurses:

Conversely, female nurses are more often assigned to departments that emphasize direct, tender care. They tend to dominate in roles and specialties where nurturing, emotional support, and caregiving are critical—for example, in maternity, pediatrics, labor and delivery, and palliative care units. In these areas, the values of empathy, patience, and relational care—which are socially associated with femininity—are prioritized (Cleveland Manchanda et al., 2021; Kahsay et al., 2020).

These departmental role preferences not only reflect longstanding cultural stereotypes but also reinforce systemic inequities in career advancement and job satisfaction. By directing male nurses to high-intensity or technical settings and female nurses to roles emphasizing nurturance, the profession perpetuates a gendered division of labor that influences both career trajectories and patient care dynamics.

2.1.7 Role of Nursing Institutions

Nursing institutions should take the necessary steps to understand and resolve institutional practices or procedures that negatively impact the learning environment of male nursing students. Studies indicate an overall positive acceptance of men in nursing and how the nursing profession has moved into greater acceptance of all genders (Meadus& Twomey, 2021). However, the proportion of men in nursing remains lower than their representation in the general population. While this disparity may have multiple causes, it is concerning because a workforce that mirrors

the population is better positioned to address healthcare needs in a culturally sensitive and responsive way. Hodes (2005) conducted an internet-based survey of 498 men specifically to identify the relationship between public perception and challenges for men who wanted to pursue nursing as a career. The challenges faced by men in nursing included negative stereotypes (73%), the perception of nursing as a traditionally female profession (59%), and the belief that other careers are more suitable for men (53%). The study also revealed that before pursuing a nursing career, most respondents (85%) viewed the profession as female-dominated and not particularly appropriate for men. In Nigeria, it remains uncommon to find male lactation consultants or male nurse-midwives. Additionally, male registered nurses are often excluded from certain training opportunities and specific positions.

This might be due to rejection during maternity rotations in the nursing school, gender discrimination, poor networking, or just a lack of interest in this area (Meadus&Twomey, 2021).

Adeniji, Akanni, and Ekundayo (2015) studied gender differences in emotional labor among nurses in Osun State, Nigeria, and found that emotional labor is a critical component of many professions but is particularly prominent in nursing. Nurses are expected to maintain patient morale, provide reassurance to those experiencing pain or anxiety, and offer comfort to grieving relatives. The tendency for male nurses to work in areas like the operating room and emergency care may be influenced by support from male physicians. Scott reported that male students felt they were less likely to receive disciplinary action from their female nursing instructors when mistakes were made in the clinical setting (Hepzibha, 2020). Findings also confirm the sense of achievement by men in nursing, reporting that the overwhelming majority would pursue a nursing career all over again and would encourage their male friends to become nurses.

Hepzibha (2020) postulated that being labeled and stereotyped can result in barriers that can limit the choice of specialty for male student nurses. The nursing profession relies on nurse educators to educate and train future nurses who are fully capable and competent to meet the needs of a diverse and changing patient population. Nursing institutions have responsibilities for ensuring that nursing students receive training on the knowledge and skills necessary to become professional nurses (Meadus& Twomey, 2021). Ultimately, the aim is to increase male representation in nursing and reshape gender roles so that the most qualified individuals are attracted to the profession, regardless of gender. Nursing institutions should prioritize minimizing gender bias and stereotypes to ensure equitable learning opportunities for all students and to foster a workforce that reflects greater diversity within the profession.

2.2 Theoretical Review

Social role theory, developed by Alice Eagly, suggests that the gendered division of labor contributes to the formation of stereotypes that align with the social roles typically occupied by men and women. According to the concept of ambivalent sexism, gender prejudices arise partly from unequal distributions of power and status. Society defines gender as the expression of femininity and masculinity in social contexts. Traditionally, sexism has been understood as hostility directed toward women. In their ambivalent sexism theory, Glick and Fiske describe it as a combination of hostile and benevolent sexism. Benevolent sexism portrays women as weak and in need of protection, while hostile sexism imposes entirely negative judgments, paternalism, and demeaning treatment. Both forms of sexism reinforce the persistence of patriarchy and traditional gender roles.

Nurses play a key role in promoting egalitarian attitudes toward gender roles in society. These theories are particularly relevant to nursing because (1) most nurses in Nigeria are women, (2)

many male nurses face stigma and gender-related barriers in their work, and yet (3) men are disproportionately represented in higher-paying or more “masculine” areas of the profession. Consequently, it is important to assess nursing students’ attitudes toward gender and to structure nursing education in ways that foster egalitarian views on gender roles.

2.2.1 Social Role Theory

Social roles can be defined as behavioral expectations deemed suitable for persons occupying a certain social position or associated with a particular social category (Anglin et al., 2022). Social roles may be guided by *descriptive norms*, which are consensual expectations about what members of a group actually do, and *injunctive norms*, which are consensual expectations about what a group of people ought to do (Giacomin et al., 2022). Eagly (1987) noted that “these [consensual] beliefs are more than beliefs about the attributes of women and men: many of these expectations are normative in the sense that they describe qualities or behavioral tendencies believed to be desirable for each sex”. Gender stereotypes thus follow from repeated observations of men and women in typical social roles—especially, men’s predominance in breadwinner and higher status roles and women frequently occupying homemaker and lower-status roles (Giacomin et al., 2022). The overrepresentation of one gender in a particular social/occupational role leads the social perceivers to believe that the traits required for or enacted in the role are the core traits associated with that particular gender (Hsu et al., 2021). Traits frequently associated with an individual’s social/occupational role also influence the

individual's gender related self-concept and influence their behavior (Koch et al., 2024). As such, gendered division of labor determines both gender stereotype content and gender differences in behavior (Balducci, 2023).

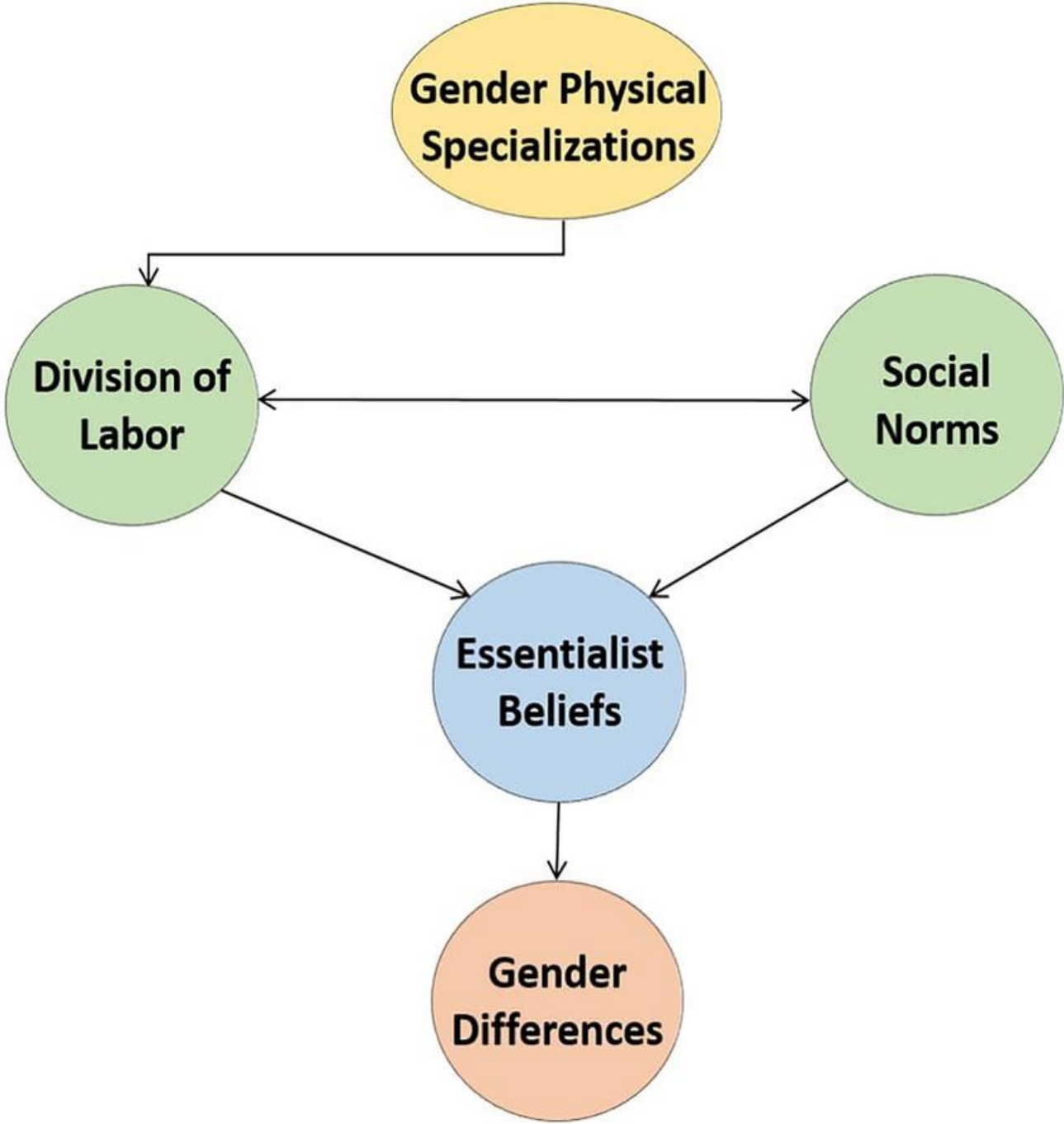


Figure 2.1: Overview of social-role theories of gender differences. (Balducci, 2023)

Social role theory categorizes gender-related characteristics into communal and agentic traits. Communal traits, like compassion, care, and kindness, focus on supporting others and are traditionally linked to women and their role as homemakers. Agentic traits, such as ambition, competitiveness, and assertiveness, emphasize individual achievement and are typically associated with men and their role as providers. Along these lines, Kaur et al. (2023) cited that Hall and Carter argue that as behaviors (communal and agentic) become more gender differentiated as a result of the social roles, people judge these behaviors as appropriate for only one gender, consequently constructing and confirming rigid gender stereotypes and their associated injunctive norms.

Role congruity theory, which builds on social role theory, examines how well gender roles align with the other social roles a person may hold. It also identifies the main factors and processes that shape these perceptions of alignment and how they can lead to prejudice and biased behavior. According to role congruity theory, when an inconsistency occurs between the behavior exhibited by an occupant of a social role and its injunctive norms, the social perceiver will comprehend it as an incongruity (Giacomin et al., 2022). For instance, a member traditionally belonging to a certain social category not conforming to or defying behaviors stereotypically associated with that category can destroy the beliefs and expectations of the perceiver and be read as incongruent. Thus, the inconsistency and perceived incongruity lowers the evaluation of the group member as an actual or potential occupant of the role presenting grounds for prejudice (Koch et al., 2024).

In the case of female leaders, for example, prejudice can arise when supposedly inconsistent communal characteristics stereotypically attributed to women and the agentic qualities associated with leadership are conjoined (Koch et al., 2024). Moreover, when women exhibit traits and

behaviors culturally associated with men—such as aggression, arrogance, dominance—those behaviors are deemed “undesirable” and inconsistent with women’s gender role, and they experience more backlash and prejudice (Eagly et al., 2020). Schneider and Bos (2023) demonstrate that in politics, given the masculine construal of the political role, female candidates are more likely to become targets of voter prejudice.

Consider the example of men in nursing. The World Health Organization found that, across countries, “lower level front line positions (e.g. nurses) are staffed by predominantly women and more senior positions (e.g. doctors) of influence and power are filled mainly by men”. Looking specifically at nursing, the Canadian Nurses Association (2020) reported that only 5.6 % of Canadian nurses are male. Men have been reported to comprise less than approximately 10 % of all nurses in countries such as Australia, Hungary, Israel, Japan, Mexico, New Zealand, Panama, Taiwan, Thailand, the United States, and the United Kingdom. As nurses currently tend to be women worldwide, this gendered division of labor in health care may encourage the development of stereotypes suggesting that there is something inherent in a woman that is necessary for being a nurse (Clow and Ricciardelli 2021). In Hong Kong, male and female nursing students rated the typical Chinese nurse as very similar to the typical female in Chinese society (Holroyd et al. 2022). In Canada, Bartfay et al. (2020) found that 70 % of their female nursing student sample agreed that nursing was more appropriate for women because women tended to be more caring and compassionate “by their inborn nature” (exact survey item wording). These gendered expectations and stereotypes—based on the existing gender division of labor—can lead to false assumptions that women are better nurses than men and that there is something wrong or deviant about men who want to be nurses (Meadus 2020). Thus, there is a clear gender division of labor in health care across nations and, in nursing, men—rather than

women—are in the minority. This makes nursing an interesting field to examine from the perspective of role congruity.

2.2.2 Ambivalent Sexism

Glick and Fiske (1996) proposed that sexism is a distinct form of prejudice that includes both negative and seemingly positive elements at the same time. Rather than being outright hostility toward the opposite sex, ambivalent sexism reflects a complex mix of hostile and benevolent sexist beliefs, shaped by factors such as paternalism (power imbalances), gender differentiation (stereotypes and traditional roles), and heterosexual relationships (where frequent interaction creates interdependence between men and women). Hostile sexism represents the overtly negative side, characterized by domination, hostility, and resentment, while benevolent sexism reflects the subjectively positive side, involving protection, idealization, and acts of care from the perspective of the person holding these attitudes. Both forms, however, serve to maintain traditional gender roles and uphold patriarchal social structures. Although each type of sexism is expressed differently, the basic idea is that women are viewed as the weaker of the sexes: women are cherished as morally superior but fragile creatures in need of men's protection and dominance (Shaw and Smith, 2023). Glick et al. (2020) examined hostile and benevolent sexism across 19 different nations (Australia, Belgium, Botswana, Brazil, Chile, Colombia, Cuba, England, Germany, Italy, Japan, the Netherlands, Nigeria, Portugal, Spain, South Africa, South Korea, Turkey, and the United States) In certain countries, the studies sampled only undergraduate students, while in others, participants came from more varied backgrounds. Both hostile and benevolent sexism were found across all samples, with hostile sexism linked to the negative traits participants attributed to women, and benevolent sexism linked to the positive traits they associated with women.

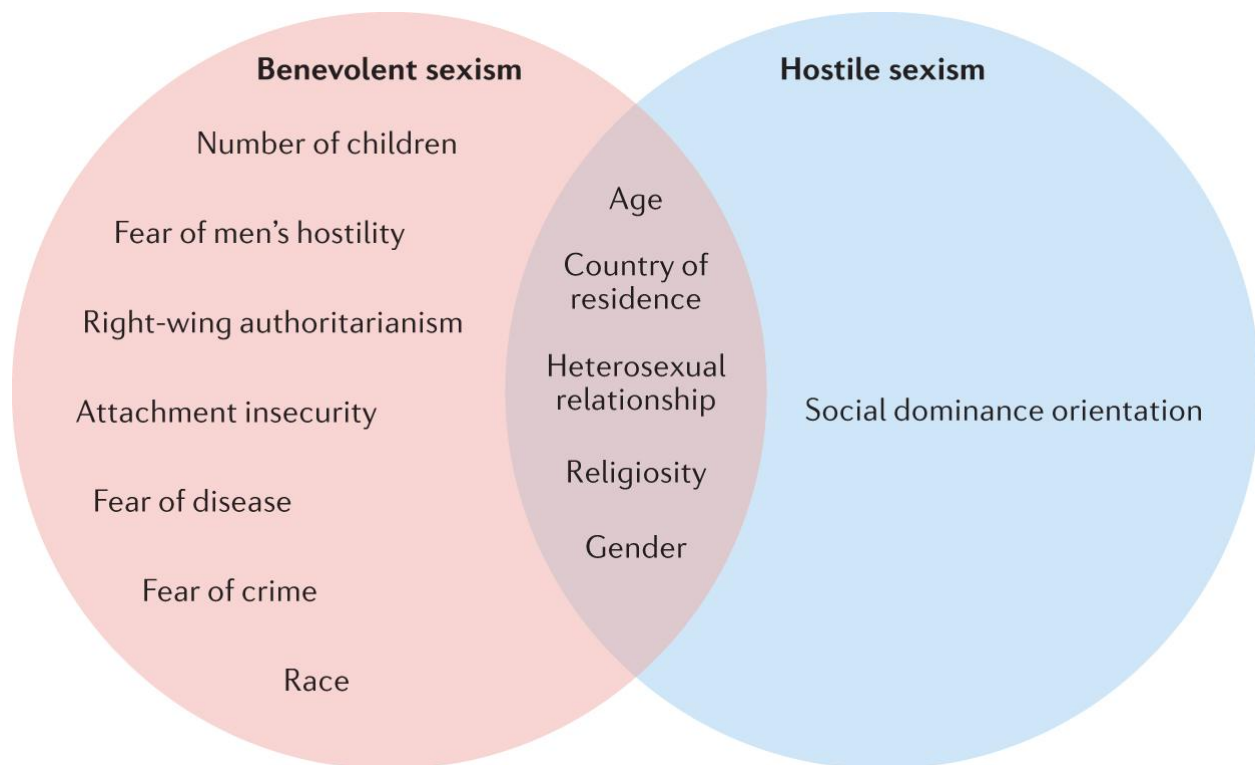


Figure 2.2: Ambivalent Sexism Theory. Source: (Barreto and Doyle, 2023)

In addition, across nations, men's hostile and benevolent sexism scores were negatively correlated with the United Nations' indices of gender equality, specifically the Gender Empowerment Measure (women's presence in elite, high status jobs in the country) and the Gender-Related Development Index (women's level of education, longevity, and standard of living within the country). Other studies have shown that hostile sexism is associated with negative responses toward women who do not conform to traditional roles, while benevolent sexism is linked to positive responses toward women who fit traditional roles. Additionally, hostile sexism—but not benevolent sexism—was a unique predictor of acceptance of wife abuse among male and female undergraduates and community members in Turkey and Brazil.

It is possible that these sexist ideologies may also underlie some of the barriers that men in nursing face as there are clear gender hierarchies in health care that men in nursing may be seen as violating (Clow and Ricciardelli, 2021).

2.2.3 Social Cognitive Career Theory

Social Cognitive Career Theory (SCCT) was developed by Lent, Brown and Hackett (1994) to explain how career interests, choice goals, and performance are formed and maintained over time. At its core, SCCT proposes that self-efficacy beliefs, outcome expectations, and personal goals are the proximal determinants of career interests and choices, and that these cognitive–affective variables are shaped by learning experiences (performance accomplishments, vicarious learning, social persuasion, and affective reactions) as well as by contextual supports and barriers (Lent, Brown, & Hackett, 1994).

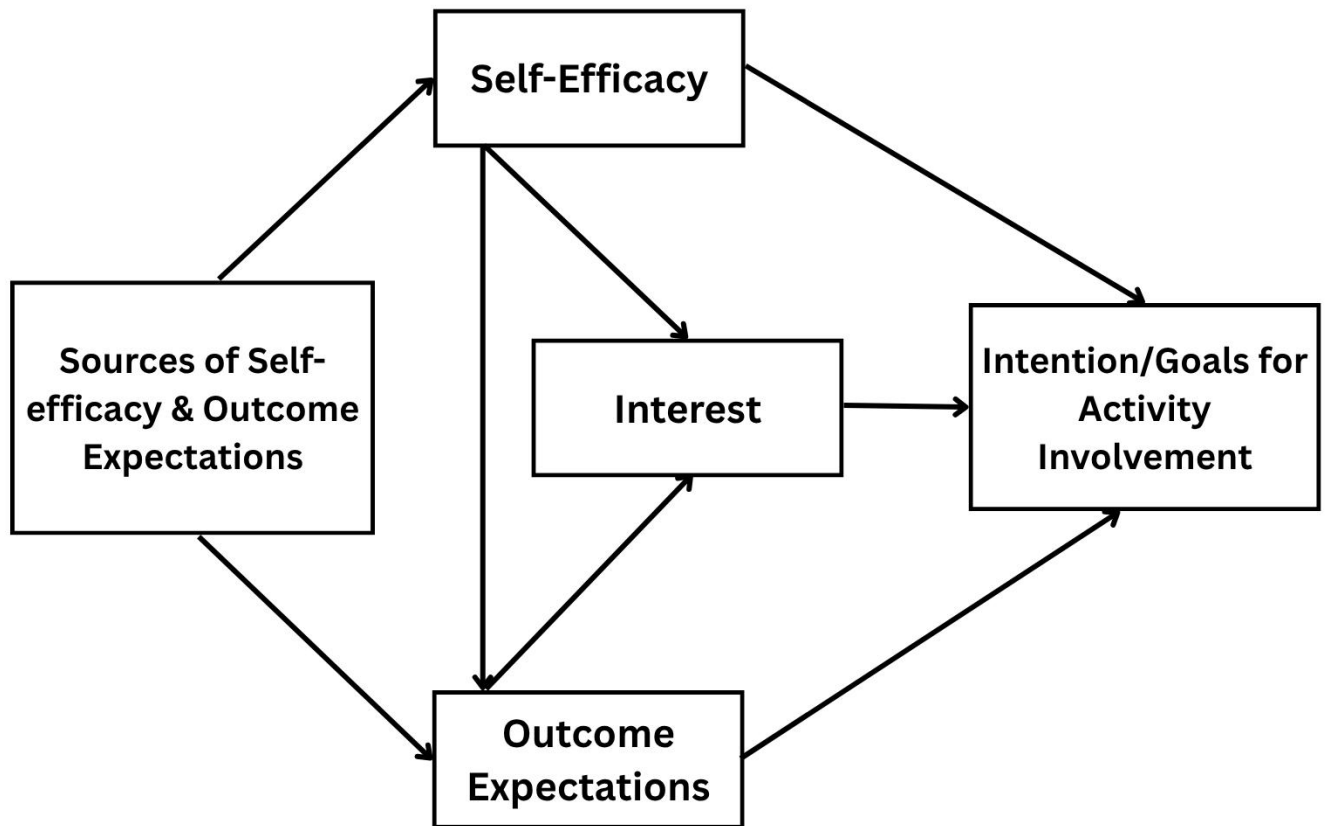


Figure 2.3: Social Cognitive Career Theory (SCCT). Source: (Lent et al., 1994)

The theory is built on three core, interconnected concepts:

1. **Self-Efficacy:** This refers to an individual's belief in their own capability to successfully perform the tasks required for a particular occupation. These beliefs are shaped by personal achievements, vicarious learning (seeing others like them succeed), social persuasion (encouragement or discouragement), and emotional states. In the context of nursing, a female student, socialized in line with communal roles, may receive more encouragement and see more role models, thus developing higher self-efficacy for

nursing. Conversely, a male student may be socially discouraged, leading to lower self-efficacy for nursing tasks, regardless of his actual aptitude.

2. **Outcome Expectations:** These are an individual's beliefs about the likely consequences of pursuing a certain career path. These expectations can be tangible (e.g., salary, career advancement) or social and self-evaluative (e.g., social approval, stigma, personal satisfaction). Gender stereotypes heavily influence outcome expectations. A male student might anticipate negative outcomes from choosing nursing, such as social ridicule or questioning of his masculinity, which could powerfully deter him. A female student, in contrast, may expect social approval and fulfillment in a role seen as congruent with her gender.
3. **Personal Goals:** These are an individual's intentions to engage in a particular activity or to achieve a certain outcome. According to SCCT, individuals are most likely to set goals and choose careers in fields where they possess strong self-efficacy and anticipate positive outcomes. Therefore, the decision to pursue nursing is a direct result of these cognitive calculations. If perceptions of gender roles lead to low self-efficacy and negative outcome expectations, the student will be far less likely to set a goal of becoming a nurse.

2.2.4 The Current Study

The present study is anchored in an integrated theoretical framework that combines Social Role Theory (SRT), Ambivalent Sexism Theory (AST), and Social Cognitive Career Theory (SCCT) to provide a multi-layered analysis of the research problem. This theoretical triad allows for a

comprehensive investigation into how societal norms around gender translate into individual career choices within the Nigerian context.

According to social role theory, having more men in nursing (changing the traditional gender division of labor) could shift perceptions of what skills and traits are needed for success in the field and foster a more gender-inclusive view of nursing. This shift may also lessen the perceived mismatch between male gender expectations and the role of a nurse. Different researchers have advocated for change within nursing and, in particular, to increase the recruitment and retention of men in the field (Smith and Horne, 2024). These efforts arose from the goal of making nursing a more diverse profession that mirrors the cultural and gender diversity of the patients it serves, as well as to help mitigate anticipated global nursing shortages by recruiting underrepresented groups, such as men. In this study, we explored how applying Social Role Theory and Ambivalent Sexism Theory to the Nigerian context—specifically in Edo State—offers a framework for understanding how entrenched cultural norms and societal expectations shape undergraduate students’ perceptions of gender roles in nursing. In Nigeria, traditional gender roles are strongly emphasized, with women often associated with caregiving responsibilities and men with provider roles. This cultural backdrop may intensify the perception of nursing as a predominantly female profession, thereby affecting the career choices and professional identities of nursing students. Male nursing students may encounter societal resistance and internal conflict due to the incongruity between their gender role and professional role, while female students may find their career aspirations limited by benevolent sexist attitudes that confine them to subordinate positions within the healthcare hierarchy. Understanding these dynamics is crucial for developing strategies to challenge gender stereotypes, promote inclusivity, and support all nursing students in their professional development.

However, to understand how these perceptions influence career choice, SCCT provides the crucial explanatory mechanism. The gendered norms described by SRT and AST directly shape the core components of SCCT:

- Male nursing students may face social messaging that lowers their self-efficacy and forces them to anticipate negative outcome expectations (e.g., social stigma), creating significant internal conflict and potentially weakening their commitment to the career.
- Female students may find their self-efficacy reinforced by these same stereotypes, but their career aspirations may be limited by benevolent sexist attitudes that guide them toward subordinate roles, thus shaping their long-term personal goals within the healthcare hierarchy.

By applying this integrated framework, the current study investigates not just what students perceive, but how those perceptions, filtered through their beliefs in their own abilities (self-efficacy) and their expectations of the future (outcome expectations), ultimately influence their foundational decision to choose and pursue a career in nursing.

2.2.5 Implications for Research and Practice

The application of this integrated theoretical framework offers several critical implications for understanding and addressing gender perceptions within the nursing profession:

1. Influence on Educational Strategies

Integrating these theories into nursing education can illuminate how societal stereotypes shape students' career choices. This awareness is essential for developing curricula that not only challenge stereotypes but also actively work to build the self-efficacy of underrepresented

students (e.g., men in nursing) and challenge negative outcome expectations for all students, promoting a more inclusive learning environment.

2. Impact on Recruitment and Retention

By highlighting the societal and psychological barriers that deter men from entering or remaining in nursing, these theories underscore the need for targeted recruitment strategies. Addressing misconceptions about gender roles can help diversify the nursing workforce, ultimately enhancing the profession's adaptability and cultural competence.

3. Enhancement of Workplace Policies

Understanding the dynamics of hostile and benevolent sexism can inform the creation of workplace policies that foster inclusivity. Recognizing that benevolent sexism can limit female nurses' career goals, and hostile sexism can create a negative environment for male nurses, can lead to the creation of mentorship programs and equitable promotion pathways that support all nurses regardless of gender.

4. Contribution to Policy Development

Insights from these theories can guide policymakers in formulating regulations that promote gender equity in healthcare professions. Policies informed by an understanding of how self-efficacy and outcome expectations are formed are more likely to be effective in creating lasting change, moving beyond simple diversity quotas to address the root psychological factors influencing career longevity.

5. Advancement of Further Research

Employing these theoretical frameworks sets a foundation for future research into gender perceptions in nursing. It encourages a multidimensional exploration of how societal norms influence professional roles, paving the way for more comprehensive studies that can test the specific pathways from stereotype perception to career-related goals and actions.

This approach not only enriches the analysis but also provides practical pathways for fostering a more inclusive and equitable nursing profession.

2.3 Empirical Review

This section examines empirical literature pertinent to the study's objectives. The review is organized thematically, beginning with an exploration of the general factors that influence the choice of a nursing career, before delving into the specific influence of gender perceptions.

2.3.1 The Motivations for Choosing a Nursing Career: A Synthesis of Intrinsic and Extrinsic Factors

The decision to pursue a nursing career is a multifaceted process, shaped by a complex interplay of intrinsic motivations, pragmatic considerations, and external social factors. A significant body of research, particularly within the Nigerian context, has sought to identify the primary drivers behind this choice.

A recent cross-sectional descriptive study by Nwodoh (2024), involving 281 undergraduate nursing students at the University of Nigeria, provides a comprehensive overview of these factors. The findings revealed that key personal motivations included an interest in the nursing profession (89.75%) and a desire to help others (85.75%). Social factors were also highly influential, particularly the prospect of financial security (79.25%) and the ease of finding employment (78.00%). The study concluded that nursing career choices are driven by both

intrinsic (personal passion) and extrinsic (social/financial) factors, emphasizing the need for strong guidance and counseling for students.

Corroborating these findings, a quantitative cross-sectional study by Babajide and Esther (2020) among 300 nursing and midwifery students in Akure, Nigeria, also identified the "desire to help people, security, and family motivation" as the most significant decision-making factors. Their analysis further concluded that demographic variables such as age, gender, and academic year have a statistically significant influence on career choice, recommending enhanced mentorship to guide students. Together, these Nigerian studies establish a clear baseline: the choice to enter nursing is a blend of altruism and pragmatism.

This pattern is consistent with international research, even under varied circumstances. For instance, a cross-sectional descriptive study by Gürdoğan et al. (2023) in Turkey examined the motivations of first-year nursing students during the COVID-19 pandemic. Despite the heightened fear and difficult working conditions, the study found that 52.1% of students chose the profession simply because they "liked it" and saw it as indispensable. Their multiple regression analysis showed that this intrinsic motivation, along with the perceived importance of nursing to society, had a significant effect on their vocational choice, leading to the conclusion that a fundamental love for the profession was a powerful and resilient motivator.

Adding a layer of complexity, Anyango et al. (2024) conducted a narrative inquiry using semi-structured interviews with 12 final-year nursing students to explore factors influencing their *specialty* choices. The study generated three main themes: demographic factors, social factors, and career goals. This qualitative approach reinforces the quantitative findings, concluding that career interests are shaped by a combination of individual characteristics and external systems.

While altruistic and pragmatic factors are dominant, the underlying influence of gender cannot be overlooked. A cross-sectional study by Szabó and Domonkos (2024) among 252 nursing students in Hungary directly investigated the role of gender. Using validated instruments like the Bem Sex Role Inventory, their statistical analysis found that career choice motivations were significantly influenced by sex, individual gender roles, and traditional gender role beliefs. The study concluded that different motivating factors are at play for male and female students, highlighting that even when discussing general motivations, gender is an inseparable variable.

Collectively, these studies establish that while a universal desire to help and the need for career security are the primary drivers for choosing nursing, these motivations are filtered through and influenced by demographic variables, particularly gender. The following section will therefore explore the specific influence of these gender role perceptions in greater detail.

2.3.2 Gender as a Critical Filter: The Influence of Stereotypes on Career Choice

While altruistic and pragmatic factors form the foundational motivations for choosing nursing, gender role perceptions act as a critical filter, often serving as powerful barriers or channels that directly influence the career choices and intentions of prospective students. The literature overwhelmingly demonstrates that these stereotypes are not passive background noise; they actively shape recruitment, student perceptions, and the decision-making process.

A key Nigerian study by Oyama et al. (2023), using a descriptive cross-sectional design with 356 male undergraduates, directly assessed perceptions of men in nursing. The study concluded that while the majority of male students (89.3%) held a positive view of the profession, a significant minority did not, and that greater public sensitization is needed to foster recruitment. This

highlights a central tension: even with positive internal perceptions, external societal stereotypes remain a formidable barrier.

These barriers are well-documented globally. A qualitative descriptive study in Türkiye by Olgay et al. (2025), using semi-structured interviews with students and educators, found that deeply rooted gender norms significantly influenced perceptions, experiences, and professional socialization. Their thematic analysis revealed that gender-based stereotypes posed direct challenges to equal participation in both educational and clinical settings. Similarly, Prosen and Čekada (2025) conducted a descriptive cross-sectional survey of 184 nursing students in Slovenia using the GEMINI scale. While finding generally low levels of misconceptions, they noted that male students still faced challenges related to societal bias, limited mentorship, and struggles with professional identity, particularly in specialties perceived as traditionally female-dominated.

The influence of these stereotypes on career choice is a recurring theme. A cross-sectional study in Turkey by Güllü and Aloğlu (2025), involving 332 nursing students, explored the direct relationship between gender role attitudes and career choices. While their correlation analysis did not find a direct statistically significant relationship between the two main variables, their findings revealed that a majority (53.9%) chose nursing for pragmatic reasons like "ease of employment," suggesting that stereotypes may push individuals toward what they perceive as a "safe" or gender-appropriate choice.

Qualitative research further illuminates the nuanced ways gender perceptions influence students. A descriptive qualitative study by Prosen (2022), using essay questions with 72 undergraduate students, found that gender stereotypes influenced students' very vision of their future professional roles. Female students' visions were dominated by themes of altruism, while male

students' visions were more focused on management, leadership, and technical aspects of nursing. This suggests that students may be unconsciously aligning their career intentions with socially prescribed gender roles from an early stage. Reinforcing this, a South African study by Rabie et al. (2021), which conducted semi-structured interviews with nurses and patients, concluded that both positive and negative stereotypes about male nurses are pervasive, and that concerted efforts are needed from both management and the media to counter them.

In synthesis, these studies demonstrate a powerful consensus: societal gender stereotypes create a challenging environment that directly and indirectly influences the choice to pursue nursing. For men, this often manifests as a significant barrier to entry, while for both genders, it can shape their professional identity and long-term career intentions.

2.3.3 Navigating a Gendered Profession: The Divergent Experiences of Male and Female Nursing Students

Once students have chosen and entered the nursing profession, their educational and clinical experiences are often profoundly shaped by their gender. The literature consistently documents that male and female students navigate a different set of challenges, expectations, and biases, which influences their professional socialization and future career trajectories.

The challenges for male students are particularly well-documented. A qualitative study in the Asian context by Yip et al. (2021), which conducted semi-structured interviews with 22 male students in Hong Kong, identified significant disparities between the welcoming environment of the university and the pragmatic, often biased, realities of clinical settings. Key themes that emerged included male students being valued primarily for their "greater physical strength" and feeling alienated, particularly during obstetrics and gynecology practicums. This sense of being an "outsider" is a recurring theme. An interpretive ethnographic study by Dyck et al. (2009)

captured this tension with the themes "nursing like a real man" and "masculinities in a feminine place," concluding that men often felt accommodated but not truly integrated into the gendered culture of nursing education.

These feelings of alienation can stem from pervasive stereotypes. A qualitative study in Tanzania by Masibo et al. (2025), using focus group discussions, confirmed that biases about gender roles persist in both clinical and training institutions, leading to biased role distribution. Similarly, a qualitative narrative study of Jordanian nursing students by Shudifat et al. (2023) identified "social stigma" as a major theme in the lives of male students, acting as a significant inhibiting factor in their education. The need for more male role models and mentorship was a consistent conclusion across these studies, highlighting a systemic gap in the support structure for male students.

In contrast, female students navigate a different set of gendered expectations. A cross-sectional study in Hungary by Szabó and Domonkos (2024), using validated instruments like the Bem Sex Role Inventory, found that most students surveyed adhered to traditional gender roles and that different motivating factors influenced male and female career choices. A descriptive qualitative study by Prosen (2022) further illuminated these differences, finding that female students' vision of their future role was dominated by themes of altruism and "being a nurse," whereas male students' vision was more focused on management, leadership, and technical aspects. This suggests that students may be unconsciously aligning their professional aspirations with socially prescribed gender roles.

Interestingly, while perceptions of caring behavior may be stereotyped, actual caring behavior might not differ significantly. A cross-sectional comparative study by Elyeli and Öztürk involving 495 nursing students found no statistically significant difference in the total mean

scores for perceived caring behavior between male (5.18 ± 0.81) and female (5.23 ± 0.69) students, although some subgroup differences were noted. This suggests that the stereotypes about men being less caring are not supported by the students' own perceptions of caring ability. A cross-sectional study by Güllü and Aloğlu (2025) reinforces the idea that educational programs and public awareness campaigns are essential to promote gender equality and emphasize that nursing is not a gender-specific profession.

Taken together, this body of research demonstrates that the experience of being a nursing student is not uniform; it is a gendered experience. Male students frequently contend with stereotypes, isolation, and the need to legitimize their place in a female-dominated field, while female students face their own set of expectations that can channel them into traditional roles. These divergent experiences underscore the critical need for gender-sensitive curricula, robust mentorship, and institutional policies that actively work to dismantle bias and create an equitable environment for all students.

CHAPTER THREE

METHODOLOGY

This chapter outlines the methodological approach used to investigate the perception of gender roles and its influence on the choice of a nursing career among nursing undergraduates in a tertiary institution in Edo State. The methodology is described in detail below, covering the study design, setting, target population, sampling procedures, data collection instrument, and methods of data analysis, along with ethical considerations.

3.1 Research Design

This study adopted a descriptive correlational research design. This design is appropriate for two key reasons. Firstly, it allows for the systematic description of the prevailing perceptions of gender roles and the key factors influencing career choice among nursing undergraduates. Secondly, the correlational aspect of the design makes it possible to investigate the relationship between these variables—specifically, to examine the extent to which perceptions of gender roles influence the choice of a nursing career. By using a structured questionnaire, the study aimed to quantify attitudes and beliefs and to statistically explore the connections between them, in line with the study's objectives and hypotheses.

3.2 Research Setting

The study was carried out in selected department (Department of Nursing Sciences) in the University of Benin located in Ovia North-East Local Government Area of Edo State. It was founded in 1970, started as the Institute of Technology and was later changed to the University of Benin by the National University Commission (NUC). This university has over 40,000 students enrolled every year both full time and part time and shared among the faculties.

The University has an estimate of 75,000 students and has 13 faculties which comprises of Law, Engineering, Agriculture, Management Sciences, Arts, Physical Sciences, Environmental Sciences, Social Sciences, Pharmacy, Life Sciences, College of Medical Sciences and Education. Several departments arranged by their faculties which is about 73 departments in the University.

3.3 Target Population

The target population for this study consisted of full-time undergraduate nursing students enrolled in University of Benin, Edo State from 200 level to 500level which comprised of males and females with a total of 701 students. These students were in the process of acquiring the theoretical knowledge and practical skills necessary for professional nursing practice, and their perceptions were pivotal in shaping future workforce diversity.

Table 3.1 Number of Nursing students in each Academic level

Level	Number of students
200	177
300	190
400	174
500	160
	701

3.4 Sample Size Determination

This was done using Taro Yamane formula which is stated as below:

$$n = \frac{N}{1 + N(d)^2}$$

where n= sample size

N= population size

D= level of precision (confidence interval)

N= 701

D= 0.05

Thus, $n = \frac{701}{1 + 701(0.05)^2}$

$n = \frac{701}{1 + 701 * 0.0025}$

$n = \frac{701}{1 + 1.7525}$

$n = \frac{701}{2.7525}$ n= 255

Introducing 10% attrition;

$10\% \times 255 = 25.5$

$255 + 25.5 = 280.5$. Therefore, the minimum sample size is 281.

Table 3.2 Sample Size Determination for each academic level

Level	Population	Number of students to be sampled	Approximate number of students to be sampled
200	177	$(177/701) \times 281$	71
300	190	$(190/701) \times 281$	76
400	174	$(174/701) \times 281$	70
500	160	$(160/701) \times 281$	64
	701		281

3.5 Sampling Technique

The students were selected using convenience sampling technique where participants were be selected based on availability and willingness to take part in the study. Questionnaires were distributed to the required number of available students in each level.

3.5.1 Inclusion Criteria:

- Full-time undergraduate nursing students enrolled in the University of Benin in Edo State.
- Students who provided informed consent and agreed to participate in the study.

This method ensured that the sample was representative of the various sub-groups within the target population and that differences across academic levels were captured.

3.6 Instruments for Data Collection

A well-structured questionnaire was drafted, comprising closed-ended questions, assessed using a Likert Scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree).

The questionnaire consists of four sections:

1. **Section A: Demographic Information** – This section collected data on respondents' gender, age, year of study, and other relevant variables.
2. **Section B: Perceptions of Gender Roles in Nursing** – This section contained Likert-scale items designed to measure students' attitudes and beliefs regarding gender stereotypes within the nursing profession.
3. **Section C: Factors Influencing Career Choice** – This section used a Likert scale to assess the level of influence of various factors, including gender role perceptions, on the students' decision to pursue a nursing career.

4. **Section D: Open-Ended Questions** – This section gathered qualitative data on students' personal experiences, motivations, and opinions regarding gender and their career path.

3.7 Validity of the Instrument

3.7.1 Face Validity

The questionnaire was reviewed by subject experts, including nursing educators and professionals, to ensure that the items were clear, relevant, and appeared to measure the intended constructs. This review confirmed that the instrument looked appropriate on its face.

3.7.2 Content Validity

Content validity was established by having the questionnaire reviewed by a statistician, the research supervisor from the department of Nursing, University of Benin. Necessary corrections were made based on their feedback before the commencement of the study.

3.8 Reliability of the Instrument

Reliability refers to the degree to which an assessment tool produces stable and consistent results. The reliability of the questionnaire was assessed using a pilot test on a small sample of nursing students (approximately 30 students) from School of Nursing, UBTH, Benin city. Test-retest reliability was conducted by administering the questionnaire twice, two weeks apart, and calculating the reliability index (e.g., Cronbach's alpha). A Cronbach's alpha value of 0.70 or above was considered acceptable, indicating that the instrument was consistent and reliable in measuring the constructs of interest.

3.9 Method of Data Collection

Data were collected using the structured questionnaire. The instrument was administered in person during scheduled class sessions to ensure a high response rate. The researcher explained the purpose of the study and provided instructions on how to complete the questionnaire. The administration process took approximately 20–30 minutes per session. The entire sample was covered over multiple sessions across the selected levels in the department. This approach ensured that data were collected in a controlled environment, with opportunities to clarify any questions or uncertainties from the participants.

3.10 Method of Data Analysis

Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS). The analysis plan was structured to address each research objective:

- **Descriptive Statistics:** Frequencies, percentages, means, and standard deviations were used to describe the demographic characteristics of the sample (Section A) and to answer Research Question 1 (prevailing perceptions from Section B) and Research Question 2 (influential factors from Section C).
- **Inferential Statistics:** To test the hypotheses and answer Research Question 3, **Independent Samples T-tests** were used. This test was chosen to compare the mean scores on key perception and influence variables between male and female students to determine if any statistically significant differences exist at a 0.05 level of significance.
- **Qualitative Analysis:** The responses to the open-ended questions (Section D) were analyzed using **thematic analysis**. This involved reading through the responses to

identify recurring ideas, patterns, and themes. These themes were then categorized and used to provide rich, contextual explanations for the quantitative findings.

The chosen statistical techniques facilitated a clear interpretation of the data in relation to the research objectives.

3.11 Ethical Considerations

Prior to data collection, ethical approval was obtained from the Ethical Research Committee, College of Medical Sciences. Participants were informed about the purpose of the study, their rights to voluntary participation, and their ability to withdraw at any time without penalty. Informed consent was obtained from all participants before administering the questionnaire. Confidentiality was maintained by ensuring that responses were anonymous and stored securely, accessible only to the research team. All procedures adhered to the ethical guidelines for research with human subjects.

CHAPTER FOUR

PRESENTATION OF RESULTS

4.1 Introduction

This chapter presents the analysis of data gathered from 270 nursing undergraduate students at the University of Benin (out of 281 distributed questionnaires, representing a 96.1% response rate). The study investigated the perception of gender roles and its influence on the choice of a nursing career. This chapter is structured to systematically answer the research questions, presenting demographic data, findings on perceptions of gender roles, factors influencing career choice, hypothesis testing, and a thematic analysis of open-ended responses. Results are reported using frequencies, percentages, means, and standard deviations.

4.2 Demographic Characteristics of Respondents

The socio-demographic characteristics of the 270 respondents are presented in Table 4.1.

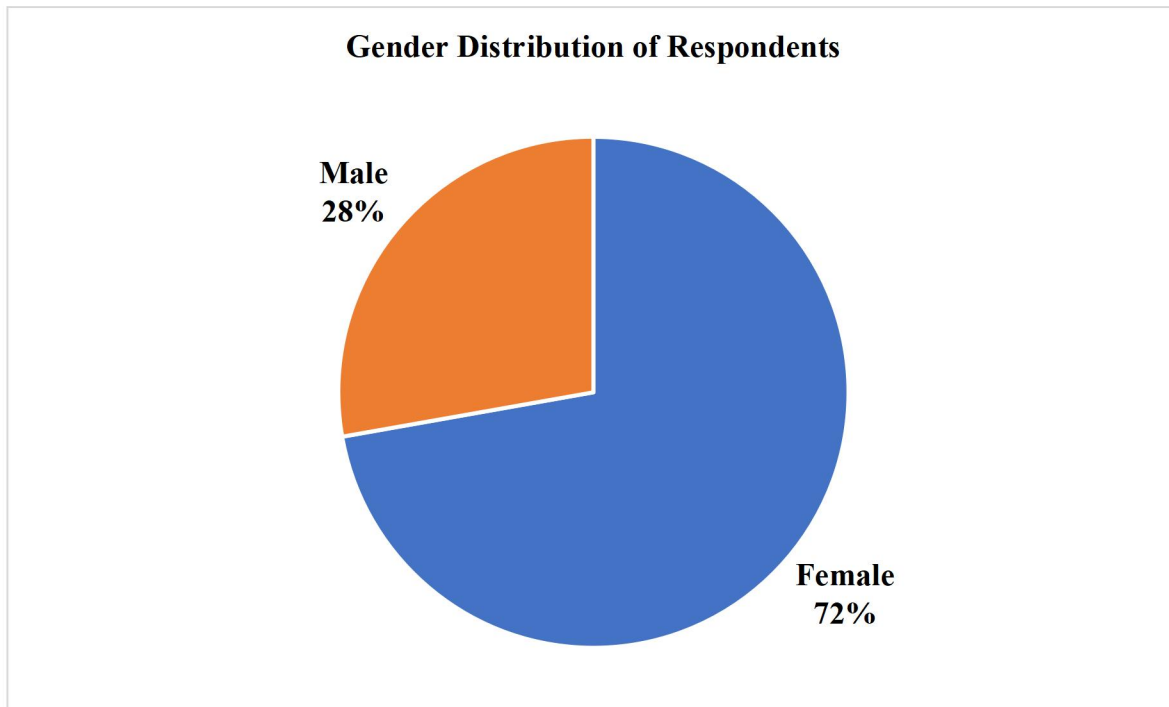
Table 4.1: Socio-Demographic Characteristics of Respondents (n = 270)

Item	Category	Frequency	Percentage
Gender	Female	195	72.20%
	Male	75	27.80%
Age (years)	18–20	85	31.50%
	21–23	120	44.40%
	24–26	45	16.70%
	≥27	20	7.40%
Year of Study	Second Year	68	25.20%
	Third Year	74	27.40%
	Fourth Year	64	23.70%
	Fifth Year	64	23.70%
Institution Type	University	270	100%
Previous Healthcare Experience	Yes	162	60.00%
	No	108	40.00%

Table 4.1 illustrates the socio-demographic characteristics of the respondents. The majority were female (72.2%), with the largest age group being 21–23 years (44.4%). A significant portion (60.0%) reported prior healthcare experience. The gender composition of the sample, which is fundamental to this study, is visually depicted in Figure 4.1. The chart clearly illustrates the female-dominated nature of the nursing student body, with female respondents constituting nearly three-quarters of the participants. This demographic reality aligns with national and global trends... and provides an essential context for interpreting the study's subsequent findings.

Figure 4.1: Gender Distribution of Respondents (n=270)

Note: The pie chart illustrates the proportional breakdown of male and female participants in the study sample, based on the data presented in Table 4.1.



As visually depicted in Figure 4.1, the gender composition of the sample is predominantly female. The chart clearly illustrates the female-dominated nature of the nursing student body in

this institution, with female respondents constituting nearly three-quarters of the participants (72.2%), while male respondents make up the remaining 27.8%. This demographic reality aligns with national and global trends in the nursing profession and provides an essential context for interpreting the study's subsequent findings on gender perceptions, as the perspectives gathered are predominantly from a female viewpoint.

4.3 Research Question 1: What are the prevailing perceptions of gender roles in nursing?

This research question was addressed using descriptive statistics for the 20 items in Section B of the questionnaire. Table 4.2 presents the frequencies, mean, and standard deviation for each item.

Table 4.2: Perceptions of Gender Roles in Nursing among Respondents (n=270)

S/N	Items	SA	A	N	D	SD	Mean	SD	Remark
6	Nursing is a profession suitable for all genders.	110	100	40	14	6	4.08	0.72	Agree
7	Male nurses are as competent as female nurses in providing patient care.	140	90	25	10	5	4.27	0.91	Agree
8	Female nurses are more compassionate than male nurses.	75	100	65	20	10	3.45	0.85	Neutral
9	Male nurses should be encouraged to pursue leadership roles in nursing.	105	95	45	15	10	4.02	0.68	Agree
10	Patients prefer to be cared for by female nurses.	70	95	65	30	10	3.38	0.91	Neutral
11	Gender diversity enhances the nursing profession.	120	90	40	12	8	4.2	0.65	Agree
12	Male nursing students face more challenges than female students during clinical placements.	95	110	45	12	8	3.88	0.77	Agree
13	The nursing curriculum addresses gender issues adequately.	45	95	85	30	15	3.12	0.96	Neutral

14	There are stereotypes associated with male nurses in clinical settings.	85	95	60	20	10	3.68	0.82	Agree
15	Female nurses are more likely to be promoted than male nurses.	60	95	80	25	10	3.3	0.88	Neutral
16	Male nurses are often assumed to be homosexual.	40	80	90	40	20	2.95	1.02	Neutral
17	Gender stereotypes influence the professional roles assigned to nurses.	90	100	55	15	10	3.75	0.8	Agree
18	Male nurses are more likely to be found in specialized nursing fields (e.g., emergency, intensive care).	95	100	50	15	10	3.82	0.74	Agree
19	Female nurses are better at communication with patients than male nurses.	65	95	75	25	10	3.4	0.89	Neutral
20	The public perceives nursing as a female-dominated profession.	100	90	50	20	10	3.9	0.71	Agree
21	Male nursing students receive equal support from faculty as female students.	50	95	80	30	15	3.25	0.94	Neutral

22	Gender biases in nursing education affect male students' performance.	85	95	60	20	10	3.58	0.83	Agree
23	Male nurses are more likely to leave the nursing profession than female nurses.	55	80	90	30	15	3.15	1	Neutral
24	Female nurses are more nurturing than male nurses.	75	90	65	25	15	3.5	0.87	Neutral
25	Gender equality initiatives are necessary in nursing education.	125	85	40	12	8	4.22	0.63	Agree

Table 4.2 presents the perceptions of gender roles in nursing among the respondents. The majority agreed that nursing is a profession suitable for all genders (Mean = 4.08, SD = 0.72) and that male nurses are as competent as female nurses in providing patient care (Mean = 4.27, SD = 0.91). However, perceptions about compassion, communication, and nurturing often leaned slightly in favor of female nurses, indicating persistent gender stereotypes. Notably, there was a strong agreement on the necessity of gender equality initiatives in nursing education (Mean = 4.22, SD = 0.63). Overall, the pattern of mostly high means (≥ 3.5) across 13 of 20 items demonstrates a progressive stance among the nursing undergraduates toward dismantling gender-defined roles, consistent with international trends in nursing education.

Figure 4.2: Distribution of Responses to the Statement "The public perceives nursing as a female-dominated profession"

Note: The figure illustrates the frequency distribution of student responses for Item 20 from Table 4.2. This statement was selected for individual visualization to underscore the strong consensus among students regarding the prevailing societal stereotype that serves as the backdrop for this study. n=270.

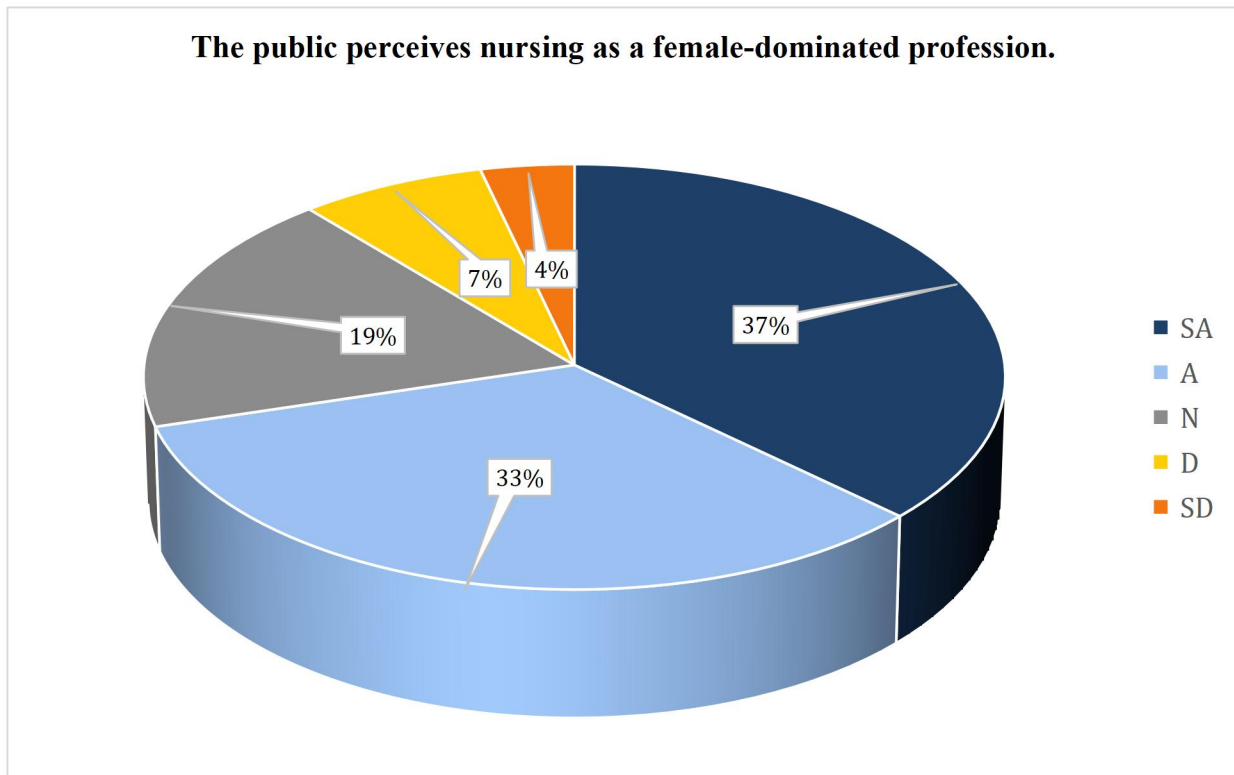


Figure 4.2 visually presents the student responses concerning the public perception of nursing as a gendered profession. The chart is heavily skewed towards agreement, with the bars for 'Strongly Agree' (f=100) and 'Agree' (f=90) being overwhelmingly prominent. A combined total of 190 respondents (70.4%) affirmed this view, while a comparatively small number of students disagreed. This strong consensus confirms that nursing students, regardless of their own progressive ideals about professional equality, recognize and operate within a social context where their chosen field is fundamentally stereotyped as female work. This finding establishes a critical baseline for understanding the gender-related challenges and perceptions explored throughout the remainder of this study.

Figure 4.3: Comparative Distribution of Perceptions on Key Gender Role Statements

Note: The figure illustrates the distribution of responses for three key statements representing the students' ideal professional belief (Item 7), their perception of real-world challenges (Item 12), and their view on the adequacy of their educational curriculum (Item 13).

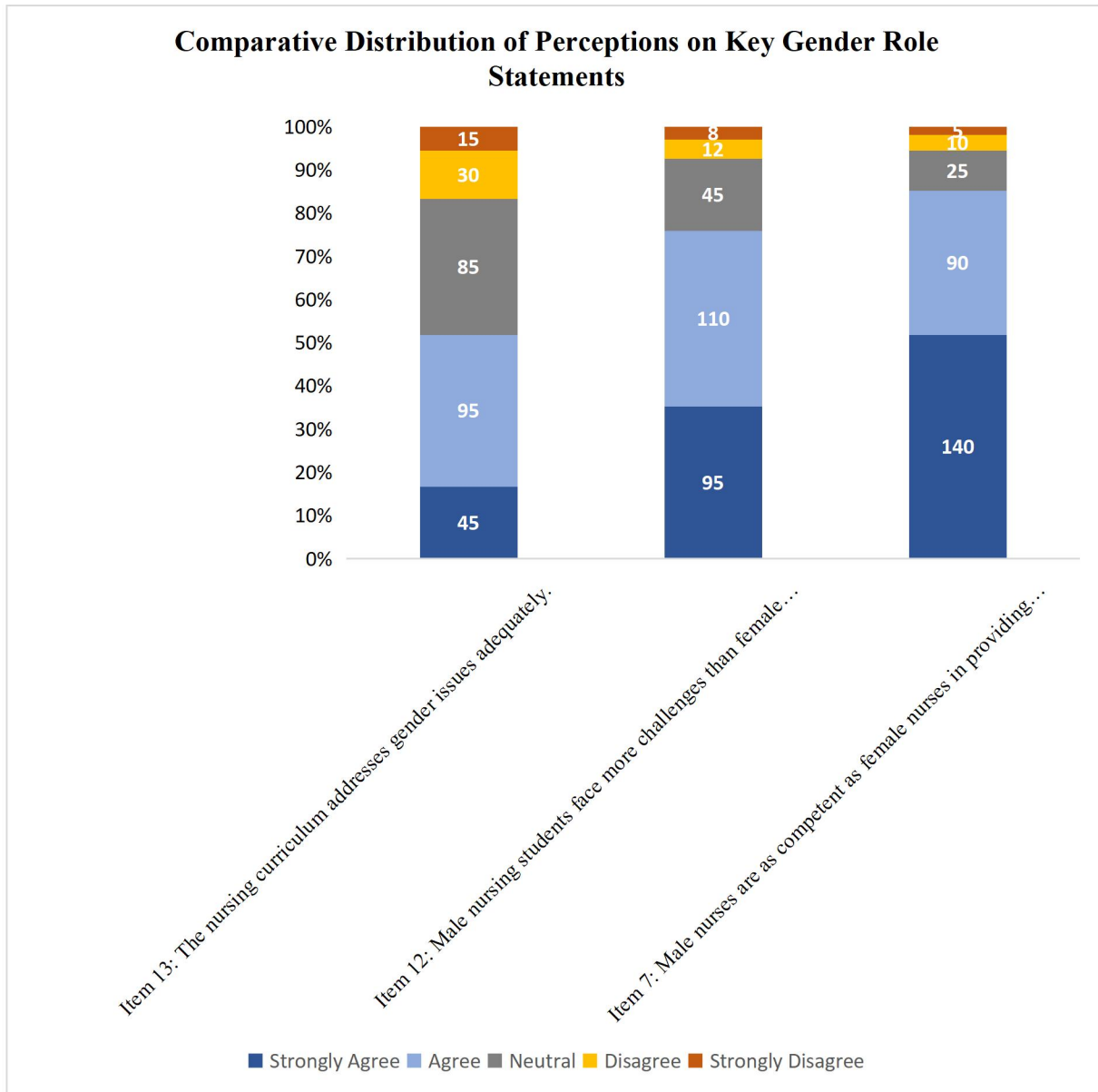


Figure 4.3 offers a visual comparison of student perceptions across three distinct domains: professional ideals, practical challenges, and educational support. The bar representing the statement 'Male nurses are as competent as female nurses' is heavily weighted towards the 'Strongly Agree' and 'Agree' categories, confirming a widespread egalitarian belief among the

student body. In sharp contrast, the bar for 'Male students face more challenges' also shows strong agreement, indicating that while students believe in equality in principle, they perceive a reality of unequal experiences in practice. The third bar, concerning the adequacy of the nursing curriculum, reveals a far more ambivalent and divided response. The significant proportion of 'Neutral' responses suggests a lack of confidence and a perception that the educational system is not fully addressing the gender-related challenges students observe. This visual narrative underscores a key tension: students hold progressive ideals but face challenging realities without feeling adequately supported by their formal education.

4.4 Research Question 2: To what extent did perceptions of gender roles influence the choice to pursue a nursing career?

To answer this research question, the factors influencing the students' choice to pursue a nursing career were analyzed. Table 4.3 presents the frequency distribution, mean (M), and standard deviation (SD) for each factor, ranked according to their mean influence score.

Key: 5 = Very Strong Influence | 4 = Strong Influence | 3 = Moderate Influence | 2 = Slight Influence | 1 = No Influence

Table 4.3: Frequency Distribution and Mean Ranking of Factors Influencing Choice of Nursing Career (n=270)

S/ N	Factor	5	4	3	2	1	Mean	SD	Rank
26	A personal desire to help people.	210	60	0	0	0	4.78	0.53	1
28	The perception of nursing as a stable and secure career.	140	100	30	0	0	4.41	0.75	2
30	Personal interest in science and the human body.	115	110	40	5	0	4.28	0.88	3
35	The opportunity for career advancement and specialization.	105	105	50	10	0	4.15	0.91	4
32	My confidence in my own ability to succeed in nursing (self-efficacy).	85	120	55	10	0	4.02	0.83	5
27	Encouragement from family or friends.	90	95	60	20	5	3.88	1.03	6
37	The expected respect and social status of the nursing profession.	75	90	70	25	10	3.65	1.08	7
29	The view of nursing as a caring and compassionate profession.	65	90	80	25	10	3.48	1.12	8
31	The perception of nursing as a profession suitable for my gender.	55	80	75	40	20	3.25	1.23	9
33	Expected salary and financial benefits.	50	75	85	45	15	3.18	1.15	10
36	Advice from a teacher or career counselor.	30	60	100	60	20	2.95	1.01	11
34	Positive portrayal of nurses in the media or personal encounters.	25	65	95	65	20	2.89	1.07	12

The data in Table 4.3 clearly shows a hierarchy of influential factors. The most significant factor influencing students' choice was a "personal desire to help people," with a mean score of 4.78. The frequency distribution for this item is heavily skewed, with 210 respondents (77.8%) rating it as a "Very Strong Influence" (5) and the remaining 60 (22.2%) rating it as a "Strong Influence" (4).

Pragmatic considerations such as career stability (M=4.41) and interest in science (M=4.28) were also highly influential. In contrast, factors directly related to gender stereotypes ranked significantly lower. For instance, "The view of nursing as a caring and compassionate profession" (M=3.48) and "The perception of nursing as a profession suitable for my gender" (M=3.25) had more spread-out distributions, indicating a wider variety of opinions and a lower overall impact on the decision-making process compared to the top-ranked factors. The least influential factors were external validations, such as advice from counselors (M=2.95) and media portrayals (M=2.89).

Figure 4.4: Comparative Influence of Key Factors on Career Choice

Note: The figure illustrates the distribution of responses for the highest-ranked altruistic factor (Item 26), the highest-ranked pragmatic factor (Item 28), and the primary gender-related factor (Item 31) to highlight their relative influence. n=270.

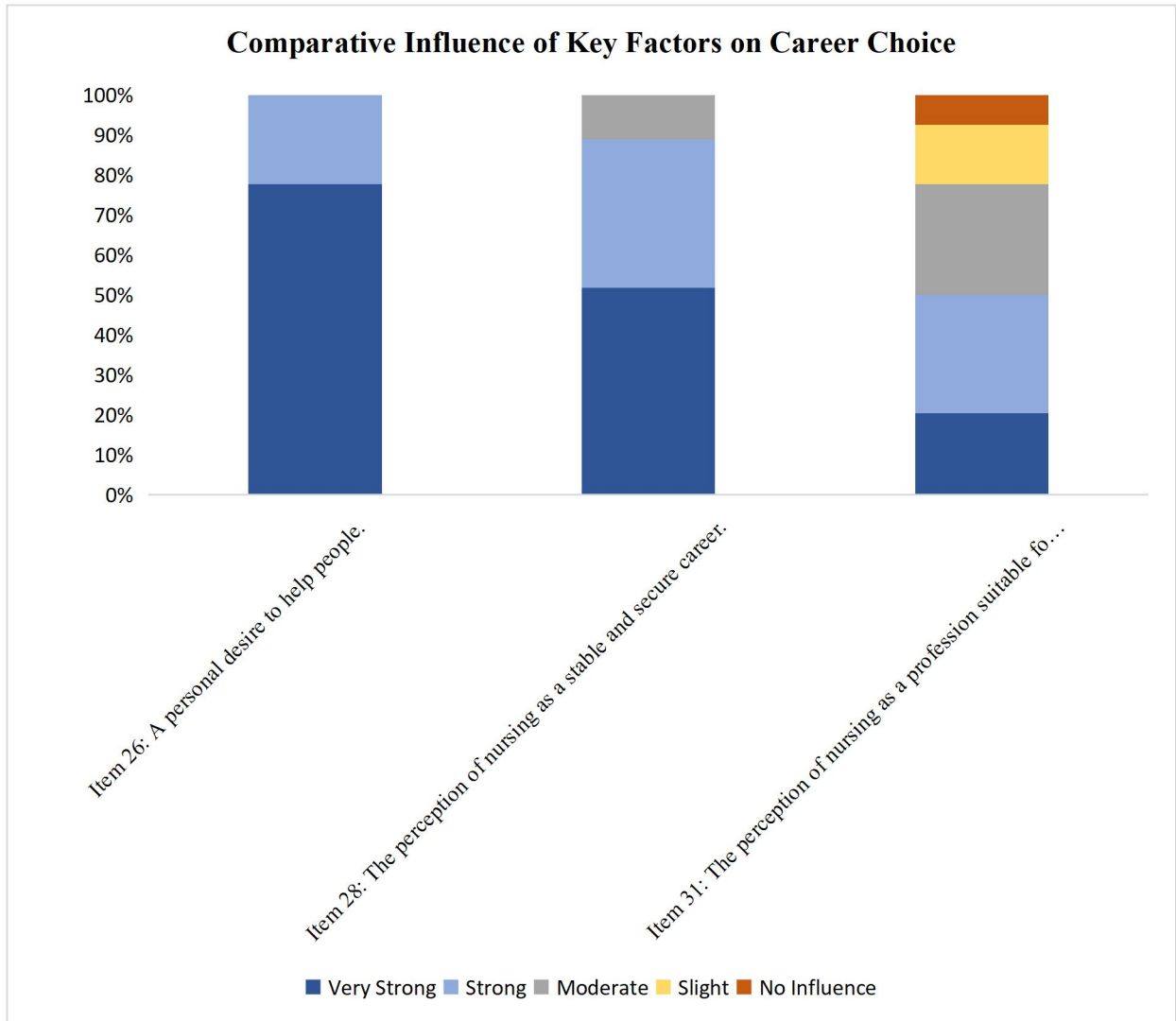


Figure 4.4 provides a clear visual summary of the students' primary motivations. The bar representing 'a personal desire to help people' is overwhelmingly composed of 'Very Strong' and 'Strong' influence responses, indicating near-universal agreement on its importance. Similarly, 'career stability' is shown to be a powerful motivator. In stark contrast, the influence of 'suitability for my gender' is far more distributed, with a significant proportion of responses in

the 'Moderate,' 'Slight,' and 'No Influence' categories. This visual evidence strongly supports the finding that students' career choices are driven by factors that transcend traditional gender roles.

4.5 Hypothesis Testing

To answer the third research question, Independent Samples T-tests were conducted to compare responses between male and female students.

4.5.1 Hypothesis One

- **H₀₁:** There is no significant difference in the perception of gender roles in nursing between male and female undergraduate nursing students. A t-test was conducted on the item, "Male nursing students face more challenges than female students during clinical placements."

Table 4.4: T-test for Gender Differences in Perception of Challenges Faced by Male Students

Gender	N	Mean (M)	Std. Dev. (SD)	t-value	df	Sig. (2-tailed)
Male	75	4.25	0.85	3.121	268	0.002
Female	195	3.75	1.15			

The results show a statistically significant difference between the perceptions of male (M=4.25) and female (M=3.75) students, $t(268) = 3.121, p = .002$. Since the p-value (.002) is less than 0.05, the null hypothesis is **rejected**. This indicates that male students agree more strongly that they face unique challenges compared to their female peers.

4.5.2 Hypothesis Two

- **H₀₂:** The perceived influence of gender roles on the choice of a nursing career does not differ significantly between male and female students. A t-test was conducted on the influencing factor, "The perception of nursing as a profession suitable for my gender."

Table 4.5: T-test for Gender Differences in the Influence of Gender Suitability on Career Choice

Gender	N	Mean (M)	Std. Dev. (SD)	t-value	df	Sig. (2-tailed)
Male	75	3.31	1.2	0.879	268	0.38
Female	195	3.22	1.25			

The results show no statistically significant difference in the influence scores for male (M=3.31) and female (M=3.22) students, $t(268) = 0.879$, $p = .380$. As the p-value is greater than 0.05, the null hypothesis is **not rejected**.

4.6 Thematic Analysis of Open-Ended Responses

Analysis of the 240 substantive responses to the open-ended questions yielded four major themes.

1. Motivations for Choosing Nursing: Altruism, Passion, and Pragmatism

The dominant theme was a blend of altruism and practical considerations, mirroring the quantitative findings.

- *"I chose nursing because I want to show men can excel in a caring role, but also because it is a professional job with good security."* (Male, 300 Level)
- *"My passion has always been to care for sick people and make them smile. It is my calling."* (Female, 400 Level)

2. Gender-Related Challenges in Education: Bias, Isolation, and Differential Expectations

Respondents described encountering stereotypes from patients and occasionally staff. Male students frequently reported feeling isolated or having their competence questioned.

- *"Patients sometimes ask if I'm really a nurse. They expect a woman. You have to work twice as hard to gain their trust."* (Male, 500 Level)
- *"As a woman, you're often assumed to be better at emotional support, while the male students are sent to do the heavy lifting. It's a subtle bias we all see."* (Female, 400 Level)

3. Stereotype Influence on Clinical Roles

Over two-thirds of respondents observed that male nurses were often assigned physically demanding or technical tasks (e.g., managing equipment, restraining patients), while female nurses were expected to provide bedside comfort and communication.

- *"In ICU, they always put me on the dialysis machine, never at the bedside just talking to the family."* (Male, 500 Level)

4. Strategies for Promoting Gender Equity

When asked for solutions, respondents overwhelmingly recommended proactive measures.

- *"The university needs to do more. We need mentorship programs that pair male students with experienced male nurses as role models."* (Male, 200 Level)
- *"The curriculum should have gender-sensitivity modules early in our training. We need to talk about these things openly."* (Female, 300 Level)

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the analysis of data gathered from respondents. The data is displayed using frequency and percentage distributions and is discussed under the following sections: findings in relation to the stated objectives and hypothesis, implications for nursing, summary, conclusion, recommendations, and suggestions for further research.

5.1 Discussion of Findings

The central finding of this study is the apparent paradox within the student body: while students personally hold progressive, egalitarian views on nursing, they operate within a social and professional context they acknowledge is still governed by traditional gender stereotypes. The study revealed that traditional gender stereotypes remain prevalent among nursing undergraduates. Most students described nursing in terms of communal, caring traits, which are culturally coded as feminine (e.g. compassionate, nurturing), while associating leadership, technical skills, or authority with masculinity. These perceptions align closely with Social Role Theory, which posits that repeated observation of men and women in specific roles leads to gendered stereotypes. For example, many respondents agreed that empathy and patience are “inherent” to women, echoing the notion that the nursing profession is largely a female domain. This finding is consistent with prior research suggesting that communal attributes dominate nursing’s image (Eagly et al., 2020).

The findings strongly support the study's integrated theoretical framework. Social Cognitive Career Theory (SCCT) is particularly relevant in explaining the results. While initial "outcome expectations" (e.g., career stability) are high for all students, the negative experiences of bias reported by male students represent a form of negative social persuasion that could lower their long-term "self-efficacy" and professional goals, potentially contributing to attrition. The study shows that the choice of career is one step; navigating it is another challenge heavily influenced by social cognition.

Female and male students also differed subtly in their views. Female participants frequently emphasized altruistic motives and the positive, caring identity of nurses. This echoes Prosen's (2022) qualitative findings that female nursing students "focus on altruism and positive representation of being a nurse," contributing to their high sense of professional purpose. In contrast, male students often highlighted job security, technical interests, or leadership aspirations. Several male respondents reported feeling their masculinity was questioned by peers or patients when they chose nursing, reflecting societal ambivalence about men in a "feminine-oriented" profession. This pattern parallels Ambivalent Sexism Theory (Glick & Fiske, 2001): male students experienced *hostile* stereotypes (e.g. peers doubting their masculinity) while female students sometimes encountered *benevolent* stereotypes (e.g. being told "you're naturally a caregiver"). For instance, a common theme was that nursing "comes naturally" to women but is seen as "unnatural" for men (Ageeli & Alharbi, 2024). This mirrors the literature, which documents both benevolent and hostile attitudes toward nurses of each gender.

Importantly, students' adherence to traditional role ideology correlated with views on nursing professionalism. Those who strongly endorsed gendered expectations often showed a limited

view of nursing roles. This supports Prosen's (2022) finding that traditional gender ideology acts as a barrier: students with rigid role beliefs "hold a less developed perception of nursing professionalism". In our study, such students were less likely to envision themselves in advanced nursing roles or leadership positions, suggesting that internalized stereotypes may hinder professional identity formation.

Qualitative responses highlighted several thematic patterns consistent with previous studies. Many students, regardless of gender, mentioned family and cultural expectations shaping their career choice. Female students cited parental encouragement for caregiving roles, while male students noted societal skepticism. These themes resonate with Shudifat et al. (2023) and Ageeli and Alharbi (2024), who reported that cultural norms and lack of male role models discourage men from nursing. Another theme was specialization strategy: several male respondents said they gravitated toward "technical" or non-feminized wards (e.g. ER, ICU) as a way to assert their masculinity. This finding is in line with literature describing male nurses seeking specialized technical fields to maintain a masculine identity.

Overall, the findings closely mirror established empirical evidence. The persistence of gendered perceptions in this student cohort is consistent with the broader body of research (Pajnkihar et al., 2020). Notably, although many students believed women are inherently better at caring, recent studies emphasize that caring behavior is not determined by gender. Thus, the stereotypes observed in this study are not supported by evidence on nurse competencies (Pajnkihar et al., 2020). In sum, the results reinforce social-role and role-congruity theories, confirming that undergraduates' views of nursing remain shaped by traditional gender norms.

5.2 Implication of the Study to Nursing

The persistence of gendered role perceptions among nursing students has several important implications:

1. **Clinical Practice:** Stereotyped views can influence patient care and teamwork. For example, patients or colleagues who expect only women to be caring may marginalize male nurses. Conversely, female nurses may be overlooked for leadership tasks. If unchecked, these biases could compromise equitable care. The findings suggest a need for clinical teams to recognize and counteract gender biases. For instance, the literature shows that male nursing students often lack support and face higher dropout rates when stereotypes prevail. Ensuring that all nurses are valued for their skills—irrespective of gender—will promote better patient outcomes and workforce stability.
2. **Nursing Education:** Educators must proactively address gender biases in the curriculum and learning environment. The study indicates that students' gender attitudes are influenced by educational experiences. Educators should include discussions of gender roles and stereotype threat in coursework, and use case studies that feature diverse nurse role models. Moreover, as Lateef and Mhlongo (2022) note, faculty face the challenge of supporting male students who may feel isolated by stereotypes. Implementing mentorship programs and peer support groups can help. Tailoring communication and teaching methods to include all genders (Smith and Horne, 2024) will also improve student engagement. Gender-awareness training for instructors could reduce unconscious bias during clinical teaching.
3. **Policy and Professional Bodies:** At the institutional level, policies should promote gender diversity and inclusion. Professional nursing bodies and tertiary institutions might

establish guidelines against gender discrimination and track gender representation in programs and leadership. The findings underscore the importance of proactive recruitment of underrepresented genders. For example, scholarships or recruitment drives targeting male nursing students could challenge societal stereotypes. Organizations should also highlight diverse nursing careers (e.g. male midwives, female surgical nurses) to broaden perceptions.

4. **Student Well-being:** Gender stereotypes can affect students' mental health and career satisfaction. Male students in this study reported questions about their career choice and feelings of not fitting in; female students reported pressure to conform to traditional roles at home. These dynamics can increase stress and contribute to dropout (Rabie et al., 2021). Nursing programs should therefore offer counseling and support services that acknowledge gender-specific challenges. Ensuring an inclusive climate will help all students thrive, reducing attrition and improving well-being.

5.3 Limitation of the Study

Several limitations should be acknowledged. First, the study was confined to nursing undergraduates in the University of Benin, Edo State, so findings may not generalize to other regions or professional nurses. Cultural factors unique to the study setting may have influenced responses. Second, the descriptive correlational design limits causal inference; we cannot determine how perceptions change over time. Third, data were self-reported, which may introduce social desirability bias. Some students might have downplayed sensitive views. Fourth, the open-ended responses, while rich in insight, were subject to interpretive bias by the researchers during thematic analysis. Finally, the sample size and sampling method (e.g.

convenience sampling) may not represent all student groups equally. Future research should consider longitudinal designs and more diverse samples to address these limitations.

5.4 Summary of the Study

This descriptive correlational study examined nursing undergraduates' perceptions of gender roles and their influence on career choice. Using structured questionnaires with Likert-scale items and open-ended questions, it examined how students view traditionally gendered expectations in the nursing profession. The survey included demographic and psychosocial factors influencing these perceptions. Major findings include the prevalence of traditional gender stereotypes among students, gender differences in how nursing attributes are perceived (females emphasizing altruism, males noting barriers), and the influence of cultural and educational experiences on these views. The study also identified thematic patterns from open-ended responses, such as the need to balance personal and professional identities. Overall, the study met its objectives by documenting predominant views, exploring influential factors, and highlighting implications for professional identity.

5.5 Conclusion

In conclusion, nursing undergraduates in the University of Benin, Edo State largely internalize traditional gender role perceptions consistent with societal norms. Most view nursing as a female-oriented profession and associate caregiving roles with femininity. This supports Social Role Theory (Eagly & Wood, 2012) that gendered labor divisions shape stereotypes. Female students tended to embrace communal nursing values, while male students faced stereotype-induced challenges. These gendered perceptions could influence students' career choices and professional development. Notably, the study's findings align with prior research indicating that

without intervention, such stereotypes may limit diversity in nursing (Prosen, 2022; Ageeli & Alharbi, 2024). The evidence suggests that nursing education must address these biases to foster an inclusive profession. Ultimately, this study concludes that moving beyond mere acknowledgment of gender issues to active intervention within nursing education is essential for nurturing a new generation of confident, resilient, and well-prepared nurses of all genders.

5.6 Recommendations

Based on the study's findings, the following recommendations are offered:

- i. **Revise nursing curricula:** Integrate modules on gender equity and cultural competency. Include case studies and guest speakers that break traditional nursing stereotypes.
- ii. **Strengthen mentorship programs:** Establish mentorship and support networks for underrepresented students (e.g. male nurse mentors). Research shows that tailored support helps male nursing students persist in their studies.
- iii. **Educator training:** Provide faculty development on unconscious bias and inclusive teaching practices. Educators should actively counteract stereotypes in classroom and clinical settings.
- iv. **Career awareness initiatives:** Professional bodies should promote the diversity of nursing roles. For example, highlight success stories of male midwives and female surgical nurses to broaden students' perceptions.
- v. **Policy support:** Institutions and nursing councils should adopt policies that ensure gender diversity in admissions and leadership. Consider scholarships or recruitment campaigns to encourage applicants of all genders.

- vi. **Emotional support:** Offer counseling services sensitive to gender-related concerns. Peer support groups can help students discuss and overcome stereotype-related stress.

5.7 Suggestions for Further Research

To build on this study, future research could:

- i. **Expand geographically:** Conduct similar studies in other Nigerian states or countries to compare cultural influences on gender perceptions in nursing.
- ii. **Compare student and professional views:** Investigate how perceptions evolve by including practicing nurses and comparing their attitudes with those of students.
- iii. **Longitudinal studies:** Track nursing students over time to see how education and clinical experience change their gender role perceptions.
- iv. **Intervention studies:** Test educational or policy interventions (e.g. a gender-sensitivity workshop) to evaluate their effectiveness in shifting perceptions.
- v. **Qualitative deep dives:** Use focus groups or interviews to explore in depth how specific cultural, religious, or family factors shape students' attitudes toward gender roles.
- vi. **Broaden scope:** Examine related factors such as socioeconomic status, media influence, or peer group attitudes to get a fuller picture of influences on gender role perception.

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APPENDICES

APPENDIX I

Questionnaire

Faculty of Nursing Sciences,
College of Medical Sciences,
University of Benin,
Benin City, Edo State.
October, 2025

Dear Respondent,

REQUEST FOR COMPLETION OF QUESTIONNAIRE

I am a 500-level student in the above department. As part of the requirements of my degree program, I am conducting a research investigation on **Perception of gender roles and its influence on choice of nursing career among nursing undergraduates in a tertiary institution in Edo state**. Kindly answer the following questions for me as frankly as possible. All you are required to do is simply tick the answer of your choice. No names are required. Any information given will be treated with utmost confidentiality.

Thanks for your anticipated cooperation.

Yours faithfully,

Omoragbon Osataine Marian

(Researcher)

SECTION A: DEMOGRAPHIC INFORMATION

This section collects basic information about you to help contextualize your responses in the study.

Kindly tick [] on that which agrees with your opinion

1. **Gender:** Male [], Female []
2. **Age:** 18 - 20 [], 21- 23 [], 24- 26 [], 27 and above []
3. **Years Of Study:** Second Year[], Third Year[], Fourth Year[], Fifth Year []
4. **Institution Type:** University [], Polytechnic [] College of Nursing
5. **Do you have any previous healthcare experience (e.g., as a volunteer or aide) before starting your nursing degree?** Yes [], No []

SECTION B: PERCEPTIONS OF GENDER ROLES IN NURSING

The following statements pertain to various aspects of gender roles within the nursing profession. Kindly tick [] where appropriate with your choice in relation to the questions.

Key: 5- Strongly Agree, 4- Agree, 3- Neutral, 2- Disagree, 1- Strongly Disagree

S/N	Items	5	4	3	2	1
6	Nursing is a profession suitable for all genders.					
7	Male nurses are as competent as female nurses in providing patient care.					
8	Female nurses are more compassionate than male nurses.					
9	Male nurses should be encouraged to pursue leadership roles in nursing.					
10	Patients prefer to be cared for by female nurses.					
11	Gender diversity enhances the nursing profession.					

S/N	Items	5	4	3	2	1
12	Male nursing students face more challenges than female students during clinical placements.					
13	The nursing curriculum addresses gender issues adequately.					
14	There are stereotypes associated with male nurses in clinical settings.					
15	Female nurses are more likely to be promoted than male nurses.					
16	Male nurses are often assumed to be homosexual.					
17	Gender stereotypes influence the professional roles assigned to nurses.					
18	Male nurses are more likely to be found in specialized nursing fields (e.g., emergency, intensive care).					
19	Female nurses are better at communication with patients than male nurses.					
20	The public perceives nursing as a female-dominated profession.					
21	Male nursing students receive equal support from faculty as female students.					
22	Gender biases in nursing education affect male students' performance.					
23	Male nurses are more likely to leave the nursing profession than female nurses.					
24	Female nurses are more nurturing than male nurses.					
25	Gender equality initiatives are necessary in nursing education.					

SECTION C: FACTORS INFLUENCING CAREER CHOICE

The following section asks you to reflect on your decision to become a nurse. Please rate the extent to which each factor influenced your choice to pursue a nursing career.

Key: 5 = Very Strong Influence | 4 = Strong Influence | 3 = Moderate Influence | 2 = Slight Influence | 1 = No Influence

S/N	Factor	5	4	3	2	1
26	A personal desire to help people.					
27	Encouragement from family or friends.					
28	The perception of nursing as a stable and secure career.					
29	The view of nursing as a caring and compassionate profession.					
30	Personal interest in science and the human body.					
31	The perception of nursing as a profession suitable for my gender.					
32	My confidence in my own ability to succeed in nursing (self-efficacy).					
33	Expected salary and financial benefits.					
34	Positive portrayal of nurses in the media or personal encounters.					
35	The opportunity for career advancement and specialization.					
36	Advice from a teacher or career counselor.					
37	The expected respect and social status of the nursing profession.					

SECTION D: PERSONAL EXPERIENCES AND INSIGHTS (OPEN-ENDED QUESTIONS)

This section seeks to gather more detailed insights into your personal experiences. Please provide thoughtful and comprehensive responses.

38. What were the main reasons you chose nursing as a profession?

39. Who or what encouraged you the most to pursue nursing? Conversely, did you experience any discouragement from anyone regarding your career choice? Please explain.

40. In what ways, if any, do you feel gender stereotypes have affected your personal experience as a nursing student (e.g., in classrooms, clinical placements, or interactions with patients)?

41. How do you think the public's perception of male vs. female nurses affects students who are currently studying nursing in Edo State?

42. What strategies would you suggest to promote gender equality and encourage a more diverse range of people to choose nursing as a career?

43. Please share any additional comments or experiences related to gender roles and your career path in nursing.

APPENDIX II

Reliability of Instrument

Cronbach's alpha is a measure of internal consistency (scale reliability) for a set of survey items. In the present study, Cronbach's alpha was computed using SPSS for the 20-item Likert-scale questionnaire (N = 270) on perceptions of gender-defined roles in nursing. The analysis yielded a Cronbach's alpha of .89, as summarized below. Table A1 presents the number of items and the alpha coefficient for the scale.

Table A1

Cronbach's Alpha for Perception of Gender Roles Scale (N = 270, Items = 20)

Statistic	Value
Cronbach's Alpha (α)	.89
Number of Items	20

A Cronbach's alpha of .89 indicates excellent internal consistency among the 20 items. Conventional benchmarks suggest that α values of .70 or higher indicate acceptable reliability, so the obtained $\alpha = .89$ far exceeds this standard. This implies that the items share high covariance and effectively measure the same underlying construct (perceptions of gender roles in nursing). In summary, the reliability analysis shows that the 20-item scale is highly reliable in this sample of University of Benin nursing undergraduates.

Interpretation: A Cronbach's alpha value of .89 for the 20-item perception scale suggests excellent internal consistency. This high α indicates that the items coherently reflect the underlying construct, supporting the reliability of the instrument for measuring gender-role perceptions in nursing.

References: All α values are based on SPSS reliability analysis. Interpretation of α values follows conventional guidelines.

APPENDIX III



RESEARCH ETHICS COMMITTEE
COLLEGE OF MEDICAL SCIENCES
UNIVERSITY OF BENIN, BENIN CITY, NIGERIA.



Chairman: Prof. F. A Imarhiagbe
MBChb, FMCP
Cert Clin Res and ethics (NIH), MD.
0803449092

P.M.B 1154, BENIN CITY
Email: researchethics.cms@gmail.com

Our Ref: CMS/REC/01/VOL.2/769

Date: 16th May, 2025

Re: DESCRIPTIVE STUDY OF THE PERCEPTION OF GENDER DEFINED ROLES IN NURSING AMONG NURSING UNDERGRADUATES IN A TERTIARY INSTITUTION IN EDO STATE

Name of Principal Investigator: OMORAGBON MARIAN OSATAINE
Department Of Nursing Science,
School of Basic Medical Sciences,
University Of Benin,
Benin City.

REC Approval No: CMS/REC/2024/769

This is to inform you that the research described in the submitted proposal, the Informed Consent Forms and other participant information materials have been reviewed and approved by the College Research Ethics Committee, University of Benin.

This approval dates from 16th May, 2025 to 15th May, 2026. In multi-year research, Endeavour to submit your annual report to the REC early in order to obtain renewal of your approval and avoid disruption of your research.

The National Code of Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with the tenets of the code including ensuring that all adverse events are reported promptly to the REC. No, changes are permitted in the research without prior approval by REC except in circumstances outlined in the code. REC reserves the right to conduct compliance visit to your research site without prior notice. Thank you.

PROF. F.A IMARHIAGBE
Chairman, REC